

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
2587631

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 96850
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-20467-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 333-22
8. Location: QtrQtr: NWSW Section: 23 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1834 feet Direction: FSL Distance: 804 feet Direction: FWL
As Drilled Latitude: 39.506306 As Drilled Longitude: -108.083282

GPS Data:

Data of Measurement: 04/13/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: 22 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2100 feet. Direction: FSL Dist.: 2288 feet. Direction: FEL

Sec: 22 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC34553

12. Spud Date: (when the 1st bit hit the dirt) 05/28/2011 13. Date TD: 06/07/2011 14. Date Casing Set or D&A: 06/08/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8541 TVD** 7536 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5974 KB 6000

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, & RESERVOIR PERFORMANCE MONITOR (RBM)

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	87	31	0	87	VISU
SURF	13+1/9	5+8/0		0	1,307	350	0	1,307	VISU
1ST	8+3/4	4+1/2		0	8,530	995	3,000	8,530	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,939		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,334		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,005		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,461		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: MATT BARBER

Title: REGULATORY

Date: 7/21/2011

Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2587632	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2587631	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)