

FORM
5Rev
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:

2285278

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

4. Contact Name: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19223-00

6. County: GARFIELD

7. Well Name: CHEVRON

Well Number: TR 42-34-597

8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 170 feet Direction: FSL Distance: 269 feet Direction: FEL

As Drilled Latitude: 39.577885 As Drilled Longitude: -108.255858

GPS Data:

Date of Measurement: 04/29/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: JOHN RICHARDSON

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

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 1458 feet. Direction: FNL Dist.: 677 feet. Direction: FEL

Sec: 34 Twp: 5S Rng: 97W

9. Field Name: TRAIL RIDGE

10. Field Number: 83825

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/30/2011 13. Date TD: 07/11/2011 14. Date Casing Set or D&A: 07/11/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9245 TVD** 8960 17 Plug Back Total Depth MD 9234 TVD** 8949

18. Elevations GR 8378 KB 8402

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 AND RPM

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	48	80	135	0	80	CALC
SURF	14+3/4	9+5/8	0	0	3,016	1,895	0	3,016	CALC
1ST	7+7/8	4+1/2	0	0	9,235	865	4,460	9,235	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
GREELEY SAND	4,559		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	6,212		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,742		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,014		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#
LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT.
WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE.
WAITING ON COMPLETIONS.

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

Signed: _____

Print Name: JENN MENDOZA

Title: PERMIT TECH II

Date: 10/17/2011

Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285280	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285279	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
2285278	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	11/29/2011 12:29:21 PM

Total: 1 comment(s)