

**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:

2285903

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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19666-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 343-27

8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1978 feet Direction: FSL Distance: 1314 feet Direction: FEL

As Drilled Latitude: 39.493360 As Drilled Longitude: -108.089855

GPS Data:

Date of Measurement: 08/20/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2345 feet. Direction: FSL Dist.: 820 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2338 feet. Direction: FSL Dist.: 823 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: CA COC49009

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2010 13. Date TD: 12/12/2010 14. Date Casing Set or D&A: 12/13/2010

15. Well Classification:

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

16. Total Depth MD 7129 TVD** 7088 17 Plug Back Total Depth MD 7060 TVD** 7019

18. Elevations GR 5655 KB 5679

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), SP/GR/HDIL/ZDL/CN (OPEN HOLE LOGS)
Mud

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	90	33	0	90	VISU
SURF	13+1/2	9+5/8		0	722	206	0	722	VISU
1ST	8+3/4	4+1/2		0	7,113	810	3,050	7,113	CBL

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	
WASATCH G	2,126		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,894		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,560		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,007		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

FORM 5A DOCUMENT # 2285906

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

Signed: _____ Print Name: MATT BARBERTitle: SR. REGULATORY SPECIALIST Date: 11/2/2011 Email: MATT.BARBER@WILLIAMS.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285905	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285904	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>					
2285903	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)