

**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:

2286078

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: ANGELA J.
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

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

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19444-00

6. County: GARFIELD

7. Well Name: Puckett

Well Number: GM 443-31

8. Location: QtrQtr: NWSE Section: 31 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 2252 feet Direction: FSL Distance: 1596 feet Direction: FEL

As Drilled Latitude: 39.479342 As Drilled Longitude: -108.147391

GPS Data:

Data of Measurement: 10/04/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1806 feet. Direction: FSL Dist.: 555 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1803 feet. Direction: FSL Dist.: 563 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/15/2010 13. Date TD: 11/22/2010 14. Date Casing Set or D&A: 11/24/2010

15. Well Classification:

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

16. Total Depth MD 6900 TVD** 6750 17 Plug Back Total Depth MD 6858 TVD** 6708

18. Elevations GR 6089 KB 6113

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 RESERVOIR PERFORMANCE MONITOR (RPM) SP/GR/HDIL/ZDL/CN
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 | 66 | 25 | 0 | 66 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 862 | 240 | 0 | 862 | VISU |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,891 | 818 | 3,120 | 6,891 | 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 | 2,292 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 3,904 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,412 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,754 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

FORM 5A DOC#2286076

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

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

Signed: _____

Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY

Date: 11/14/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2286080 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2286079 | 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> | | | | | |
| 2286078 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------------------------|-------------------------|
| Permit | Added mud to list of logs | 1/13/2012 1:47:50 PM |

Total: 1 comment(s)