

**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:

2286231

**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 05-045-19674-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 13-26

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

Footage at surface: Distance: 1964 feet Direction: FSL Distance: 1319 feet Direction: FEL

As Drilled Latitude: 39.493321 As Drilled Longitude: -108.089873

## GPS Data:

Date of Measurement: 08/27/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2061 feet. Direction: FSL Dist.: 216 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2039 feet. Direction: FSL Dist.: 206 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: CA COC67283

12. Spud Date: (when the 1st bit hit the dirt) 01/08/2011 13. Date TD: 01/13/2011 14. Date Casing Set or D&amp;A: 01/14/2011

## 15. Well Classification:

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

16. Total Depth MD 7360 TVD\*\* 7098 17 Plug Back Total Depth MD 7308 TVD\*\* 7046

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 AND RESERVOIR PERFORMANCE MONITOR (RPM)  
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	88	33	0	88	VISU
SURF	13+1/2	9+5/8		0	1,074	330	0	1,074	VISU
1ST	8+3/4	4+1/2		0	7,345	825	2,950	7,345	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	2,217		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,086		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,830		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,242		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2286234

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: MATT BARBERTitle: SR. REGULATORY SPECIALIST Date: 11/28/2011 Email: MATT.BARBER@WILLIAMS.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286233	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286232	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>					
2286231	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Digital logs uploaded and approved	1/20/2012 8:53:25 AM
Permit	Added mud to list of logs Missing las versions of logs	1/18/2012 2:49:55 PM

Total: 2 comment(s)