

**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:

2286457

**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: SANDRA SALAZAR

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 629-8456

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19695-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 544-27

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

Footage at surface: Distance: 1904 feet Direction: FSL Distance: 1330 feet Direction: FEL

As Drilled Latitude: 39.493157 As Drilled Longitude: -108.089912

## GPS Data:

Data of Measurement: 08/20/2010 PDOP Reading: 4.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 162 feet. Direction: FSL Dist.: 492 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 141 feet. Direction: FSL Dist.: 499 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) 04/07/2011 13. Date TD: 04/12/2011 14. Date Casing Set or D&amp;A: 04/14/2011

## 15. Well Classification:

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

16. Total Depth MD 7500 TVD\*\* 7071 17 Plug Back Total Depth MD 7255 TVD\*\* 6832

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 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	0	68	26	0	68	VISU
SURF	13+1/2	9+5/8	0	0	1,002	260	0	1,002	VISU
1ST	7+7/8	4+1/2	0	0	7,483	820	2,710	7,483	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	2,304		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE =0#
MESAVERDE	4,245		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,776		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,384		<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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN II Date: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286459	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286458	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>					
2286457	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>
Permit	Directional survey only goes to 5,403 feet Added mud to list of logs Corrected formation name	1/20/2012 3:05:35 PM

Total: 1 comment(s)