

**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:

2286678

**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 05-045-19443-00

6. County: GARFIELD

7. Well Name: Puckett

Well Number: GM 414-32

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

Footage at surface: Distance: 2245 feet Direction: FSL Distance: 1625 feet Direction: FEL

As Drilled Latitude: 39.479324 As Drilled Longitude: -108.147494

## GPS Data:

Date of Measurement: 10/04/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 620 feet. Direction: FSL Dist.: 154 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 591 feet. Direction: FSL Dist.: 139 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC24099

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2010 13. Date TD: 01/08/2011 14. Date Casing Set or D&amp;A: 01/09/2011

## 15. Well Classification:

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

16. Total Depth MD 7525 TVD\*\* 6853 17 Plug Back Total Depth MD 7078 TVD\*\* 6406

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).  
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	81	30	0	81	VISU
SURF	13+1/2	9+5/8		0	1,265	330	0	1,265	VISU
1ST	8+3/4	4+1/2		0	7,487	990	6,508	7,487	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	7,487	700	5,305	6,508

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	2,518		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,396		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,889		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,383		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT #2286681

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

Signed: \_\_\_\_\_ Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 12/27/2011 Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286680	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286679	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>					
2286678	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	1/30/2012 12:54:50 PM
Data Entry	CHECK CASING STAGE/TOP OUT/REMEDIAL CEMENT ENTRY.	1/19/2012 12:25:30 PM

Total: 2 comment(s)