

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1884871

Date Received:

06/09/2008

## 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 BALDI

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

Phone: (303) 572-3900

3. Address: 1515 ARAPAHOE ST STE 100

Fax: (303) 629-8265

City: DENVER State: CO Zip: 80202

5. API Number 05-045-12869-00

6. County: GARFIELD

7. Well Name: NAUGLE

Well Number: RWF 512-30

8. Location: QtrQtr: NENE Section: 25 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 626 feet Direction: FNL Distance: 209 feet Direction: FEL

As Drilled Latitude: 39.501465 As Drilled Longitude: -107.938987

## GPS Data:

Data of Measurement: 03/12/2008 PDOP Reading: 3.4 GPS Instrument Operator's Name: LAUREN VANCE

\*\* If directional footage at Top of Prod. Zone Dist.: 2348 feet. Direction: FNL Dist.: 607 feet. Direction: FWL

Sec: 30 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 2372 feet. Direction: FNL Dist.: 607 feet. Direction: FWL

Sec: 30 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/05/2007 13. Date TD: 10/18/2007 14. Date Casing Set or D&amp;A: 10/19/2007

## 15. Well Classification:

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

16. Total Depth MD 8210 TVD\*\* 7808 17 Plug Back Total Depth MD 7925 TVD\*\* 7523

18. Elevations GR 5234 KB 5258

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; RMTE; 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	16	48		45	25	0	45	
SURF	13+1/2	9+5/8		0	2,351	780	0	2,351	
1ST	7+7/8	4+1/2		0	8,175	1,028	2,500	8,175	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

Method used	String	Cementing tool setting/perf 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	2,064		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,654		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,141		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,116		<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: Y Print Name: SANDRA.BALDITitle: PERMIT TECH Date: 5/15/2008 Email: SANDRA.BALDI@WPXENERGY.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1773149	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"/>

**General Comments****User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)