

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



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DRILLING COMPLETION REPORT

Document Number:

2610092

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 NEIFERT  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 572-3900  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8265  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17505-00 6. County: GARFIELD  
7. Well Name: PUCKETT Well Number: GM 532-31  
8. Location: QtrQtr: SENE Section: 31 Township: 6S Range: 96W Meridian: 6  
Footage at surface: Distance: 1899 feet Direction: FNL Distance: 532 feet Direction: FEL  
As Drilled Latitude: 39.481540 As Drilled Longitude: -108.143598

GPS Data:

Data of Measurement: 12/15/2008 PDOP Reading: 3.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage

at Top of Prod. Zone Distance: 1006 feet Direction: FNL Distance: 1212 feet Direction: FEL  
Sec: 31 Twp: 6S Rng: 96W  
at Bottom Hole Distance: 1011 feet Direction: FNL Distance: 1234 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) 06/22/2009 13. Date TD: 06/28/2009 14. Date Casing Set or D&A: 06/29/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6918 TVD 6764 17 Plug Back Total Depth MD 6865 TVD 6711

18. Elevations GR 5938 KB 5962

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	18		0	60		0	60	CALC
SURF	13+1/2	9+5/8		0	1,379	345	0	1,379	CALC
1ST	7+7/8	4+1/2		0	6,895	750	2,690	6,895	CBL

ADDITIONAL CEMENT

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	2,201		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	3,806		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,324		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,799		<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: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 11/30/2009 Email: ANGELA.NEIFERT@WILLIAMS.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neshin* Director of COGCC Date: 2/9/2011

**Attachment Check List**

Att Doc Num	Name
2070436	DIRECTIONAL SURVEY

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)