

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:

2554475

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) 6064398
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298285
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18304-00 6. County: GARFIELD
7. Well Name: SPECIALTY RESTAURANTS Well Number: SG 412-33
8. Location: QtrQtr: SWNW Section: 33 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1591 feet Direction: FNL Distance: 939 feet Direction: FWL
As Drilled Latitude: 39.396359 As Drilled Longitude: -108.120464

GPS Data:

Data of Measurement: 10/20/2009 PDOP Reading: 3.9 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: FNL Distance: _____ feet Direction: FWL
Sec: 33 Twp: 17S Rng: 96W
at Bottom Hole Distance: 2187 feet Direction: FNL Distance: 696 feet Direction: FWL
Sec: 33 Twp: 7S 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) 04/07/2010 13. Date TD: 04/12/2010 14. Date Casing Set or D&A: 04/14/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4975 TVD 4896 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5058 KB 5085

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; HIGH RES INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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	40	25	0	40	VISU
SURF	13+1/2	9+5/8		0	944	255	0	944	VISU
1ST	7+7/8	4+1/2		0	4,943	915	1,070	4,943	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	524		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,044		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,391		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	4,862		<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: ANGELA NEIFERT

Title: PERMIT TECH Date: 5/5/2010 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: 2/17/2011

Attachment Check List

Att Doc Num	Name
2554475	FORM 5 SUBMITTED
2554476	DIRECTIONAL SURVEY
2554477	WELLBORE DIAGRAM
2554478	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)