

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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Document Number:

2517350

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: JENN MENDOZA
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-18339-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 513-26-597
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 234 feet Direction: FSL Distance: 229 feet Direction: FEL
 As Drilled Latitude: 39.578062 As Drilled Longitude: -108.255717

GPS Data:

Data of Measurement: 04/29/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: JOHN RICHARDSON

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: 1420 feet. Direction: FSL Dist.: 650 feet. Direction: FWL

Sec: 26 Twp: 5S Rng: 97W

9. Field Name: TRAIL RIDGE 10. Field Number: 83825

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/19/2010 13. Date TD: 10/17/2010 14. Date Casing Set or D&A: 10/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9385 TVD** 9179 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 8452 KB 8473

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

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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		48	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,006	1,417	0	3,006	CALC
1ST	7+7/8	4+1/2		0	9,370	664	3,620	9,370	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	
MESAVERDE	6,176		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,839		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,121		<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: JENN MENDOZA

Title: PERMIT TECH Date: 2/3/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517353	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517352	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>			
2517350	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2517351	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	FORMATION LOG INTERVALS FORMATION: KMV GAS: MEASURED DEPTH TOP: 6675'. FORMATION LOG INTERVALS COMMENTS: SURFACE PRESSURE = 0#. LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE. WAITING ON COMPLETIONS. WAITING ON COMPLETIONS.	3/22/2011 2:33:53 PM

Total: 1 comment(s)