

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:
400194247

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: ANNIE SMITH
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4363
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17809-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 324-28-597
 8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 983 feet Direction: FSL Distance: 1964 feet Direction: FWL
 As Drilled Latitude: 39.580138 As Drilled Longitude: -108.284714

GPS Data:
 Data of Measurement: 01/05/2009 PDOP Reading: 1.0 GPS Instrument Operator's Name: MARK BESSIE

** If directional footage
 at Top of Prod. Zone Distance: 1147 feet Direction: FSL Distance: 1928 feet Direction: FWL
 Sec: 28 Twp: 5S Rng: 97W
 at Bottom Hole Distance: 1147 feet Direction: FSL Distance: 1928 feet Direction: FWL
 Sec: 28 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) 01/27/2009 13. Date TD: 02/08/2009 14. Date Casing Set or D&A: 02/08/2009

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9185 TVD 9180 17 Plug Back Total Depth MD 9133 TVD 9128

18. Elevations GR 8375 KB 8398 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, HRI, DEN, NEU

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		48	60	100	0	60	VISU
SURF	14+3/4	9+5/8		0	2,566	2,023	0	2,566	VISU
1ST	7+7/8	4+1/2		0	9,184	589	3,600	9,184	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	5,718		<input type="checkbox"/>	<input type="checkbox"/>	TOP OF GAS 6358
CAMEO	8,044		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,410		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,587		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,812		<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: ANNIE SMITH

Title: ENG TECH Date: 9/25/2009 Email: _____

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400194249	FORM 5 SUBMITTED
400194250	DIRECTIONAL SURVEY
400194251	PLAT
400194252	CEMENT JOB SUMMARY
400194253	OTHER

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)