

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



DE ET OE ES

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

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:

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

\*\* If directional footage at Top of Prod. Zone Dist.: 1147 feet. Direction: FSL Dist.: 1928 feet. Direction: FWL  
Sec: 28 Twp: 5S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1147 feet. Direction: FSL Dist.: 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 8377 KB 8400  
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	2,008	0	2,566	VISU
1ST	7+7/8	4+1/2		0	9,184	589	4,700	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: \_\_\_\_\_

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400194252	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400194250	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"/>
400194253	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400194247	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400194251	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ FORM 5 AND ATTACHMENTS, ORIG SUBMITTED 9/25/09	8/10/2011 11:21:50 AM

Total: 1 comment(s)