

FORM
5Rev
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:

400193300

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 05-045-17810-00

6. County: GARFIELD

7. Well Name: CHEVRON

Well Number: TR 513-28-597

8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 1005 feet Direction: FSL Distance: 1971 feet Direction: FWL

As Drilled Latitude: 39.580174 As Drilled Longitude: -108.285331

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 Dist.: 1378 feet. Direction: FSL Dist.: 635 feet. Direction: FWL

Sec: 28 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1374 feet. Direction: FSL Dist.: 615 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) 01/20/2009 13. Date TD: 02/14/2009 14. Date Casing Set or D&A: 02/15/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9300 TVD** 9096 17 Plug Back Total Depth MD 9240 TVD** 9036

18. Elevations GR 8377 KB 8405

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		48	60	100	0	60	VISU
SURF	14+3/4	9+5/8		0	2,631	2,050	0	2,631	VISU
1ST	7+7/8	4+1/2		0	9,288	683	4,370	9,288	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	5,866		<input type="checkbox"/>	<input type="checkbox"/>	TOP OF GAS MV 6390
CAMEO	8,165		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,525		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,702		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,953		<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: ANIE SMITH

Title: ENG TECH Date: 8/8/2011 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400193311	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400193307	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"/>
400193309	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400193300	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400193313	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)