

**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:

2588989

**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: ANGELA J.  
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17484-00

6. County: GARFIELD

7. Well Name: Williams

Well Number: GM 412-33

8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1149 feet Direction: FNL Distance: 245 feet Direction: FWL

As Drilled Latitude: 39.484656 As Drilled Longitude: -108.121977

## GPS Data:

Data of Measurement: 12/09/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2365 feet. Direction: FNL Dist.: 205 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2383 feet. Direction: FNL Dist.: 182 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: CA COC50794

12. Spud Date: (when the 1st bit hit the dirt) 09/26/2010 13. Date TD: 10/03/2010 14. Date Casing Set or D&amp;A: 10/04/2010

## 15. Well Classification:

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

16. Total Depth MD 6943 TVD\*\* 6761 17 Plug Back Total Depth MD 6860 TVD\*\* 6678

18. Elevations GR 5725 KB 5748

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:

GAMMA RAY, HIGH DEFINITION INDUCTION LOG, COMPENSATED Z-DENSILOG, COMPENSATED NEUTRON LOG AND CBL.

## 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	39	15	0	39	VISU
SURF	13+1/2	9+5/8		0	774	240	0	774	VISU
1ST	7+7/8	4+1/2		0	3,922	980	2,850	3,922	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	2,077		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,728		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,300		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,806		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

FORM 5A DOC # 2588987

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY

Date: 9/28/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2588991	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2588990	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>					
2588989	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Data Entry	CHECK #11. FEDERAL, INDIAN OR STATE LEASE NUMBER. FORM 5 HAS COC24099. POP-UP HAS COC50794.	10/27/2011 2:01:29 PM

Total: 1 comment(s)