

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:

400220391

## 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  
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

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

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17483-00

6. County: GARFIELD

7. Well Name: Williams

Well Number: GM 421-33

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

Footage at surface: Distance: 1097 feet Direction: FNL Distance: 215 feet Direction: FWL

As Drilled Latitude: 39.484797 As Drilled Longitude: -108.122091

## 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.: 406 feet. Direction: FNL Dist.: 1881 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 401 feet. Direction: FNL Dist.: 1868 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) 10/20/2010 13. Date TD: 10/28/2009 14. Date Casing Set or D&amp;A: 10/30/2010

## 15. Well Classification:

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

16. Total Depth MD 7862 TVD\*\* 6861 17 Plug Back Total Depth MD 7200 TVD\*\* 6800

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:

CBL and Reservoir Performance Monitor (RPM)

## 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#	0	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3#	0	1,115	330	0	1,115	VISU
1ST	7+7/8	4+1/2	11.6	0	7,248	991	3,800	7,248	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	2,181		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,089		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,664		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,120		<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: Angela Neifert-KraiserTitle: Regulatory Specialist Date: 11/3/2011 Email: Angela.Neifert-Kraiser@williams.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400220547	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400220545	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>					
400220391	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400220546	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)