

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:

2285298

## 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 05-045-18217-00

6. County: GARFIELD

7. Well Name: GM

Well Number: 31-27

8. Location: QtrQtr: SWNE Section: 27 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 2409 feet Direction: FNL Distance: 1750 feet Direction: FEL

As Drilled Latitude: 39.495839 As Drilled Longitude: -108.091409

## GPS Data:

Data of Measurement: 09/29/2009 PDOP Reading: 1.7 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1121 feet. Direction: FNL Dist.: 2428 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1099 feet. Direction: FNL Dist.: 2425 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: CA COC46604

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2010 13. Date TD: 10/27/2010 14. Date Casing Set or D&amp;A: 10/28/2010

## 15. Well Classification:

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

16. Total Depth MD 7455 TVD\*\* 7132 17 Plug Back Total Depth MD 7401 TVD\*\* 7078

18. Elevations GR 5671 KB 5695

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 IND/DEN/NEU, 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		0	85	32	0	85	VISU
SURF	13+1/2	9+5/8		0	1,024	280	0	1,024	VISU
1ST	7+7/8	4+1/2		0	7,432	815	3,415	3,415	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	2,262		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,243		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,876		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,392		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#  
FORM 5A DOC # 2285301

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: 10/18/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285300	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285299	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>					
2285298	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ MWD/FMI LOGS	11/28/2011 9:57:22 AM

Total: 1 comment(s)