

**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:

2591498

**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: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-15892-00

6. County: GARFIELD

7. Well Name: CHEVRON

Well Number: TR 512-36-597

8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 1212 feet Direction: FNL Distance: 1657 feet Direction: FWL

As Drilled Latitude: 39.574087 As Drilled Longitude: -108.230264

## GPS Data:

Data of Measurement: 04/30/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: JOHN RICHARDSON

\*\* If directional footage at Top of Prod. Zone Dist.: 2478 feet. Direction: FNL Dist.: 654 feet. Direction: FWL

Sec: 36 Twp: 5s Rng: 97w

\*\* If directional footage at Bottom Hole Dist.: 2478 feet. Direction: FNL Dist.: 654 feet. Direction: FWL

Sec: 36 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) 07/21/2010 13. Date TD: 09/05/2010 14. Date Casing Set or D&amp;A: 09/06/2010

## 15. Well Classification:

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

16. Total Depth MD 9255 TVD\*\* 9002 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 8155 KB 8176

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:

MUD, 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	60	100	0	60	VISU
SURF	14+3/4	9+5/8	36	0	2,282	1,105	0	2,282	VISU
1ST	7+7/8	4+1/2	11.6	0	9,253	669	5,010	9,253	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	
MESAVERDE	6,141		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,643		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,066		<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: JENN MENDOZA

Title: PERMIT TECH

Date: 11/17/2010

Email: JENN.MENDOZA@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591500	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591499	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>					
2591498	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2591501	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Sundry was submitted to correct shl	12/16/2011 2:12:27 PM
Permit	Surface loc on submitted Form 5 does not match APD. NKP	8/22/2011 9:07:13 AM
Data Entry	UNRECOGNIZED FORMATION NAME: KMGAS MEASURED DEPTH = 6708	8/18/2011 3:28:38 PM

Total: 3 comment(s)