

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:
2591506

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: JENN MENDOZA
Phone: (303) 260-4533
Fax:

5. API Number 05-045-15896-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: TR 323-36-597
8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6
Footage at surface: Distance: 1232 feet Direction: FNL Distance: 1697 feet Direction: FWL
As Drilled Latitude: 39.574034 As Drilled Longitude: -108.230186

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.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 2619 feet. Direction: FSL Dist.: 1964 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) 07/29/2010 13. Date TD: 08/31/2010 14. Date Casing Set or D&A: 09/01/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9310 TVD** 9082 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:

CBL, 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		0	60	100	0	60	VISU
SURF	14+3/4	9+5/8		0	2,280	896	0	2,280	VISU
1ST	7+7/8	4+1/2		0	9,297	672	3,830	9,297	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	
CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,088		<input type="checkbox"/>	<input type="checkbox"/>	KMVGAS 6792'
ROLLINS	9,093		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE #0. LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE. COMPLETION PLANNED FOR FALL 2010

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: _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2591508	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591507	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"/>
Other Attachments			
2591506	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591509	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 and as-built location information	12/16/2011 3:33:26 PM
Permit	Surface location on submitted Form 5 does not match APD. NKP	8/22/2011 1:01:01 PM

Total: 2 comment(s)