

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:

2591494

## 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 05-045-15893-00 6. County: GARFIELD  
 7. Well Name: CHEVRON Well Number: TR 511-36-597  
 8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6  
 Footage at surface: Distance: 1192 feet Direction: FNL Distance: 1635 feet Direction: FWL  
 As Drilled Latitude: 39.574144 As Drilled Longitude: -108.230345

### 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.: 1168 feet. Direction: FNL Dist.: 649 feet. Direction: FWL  
 Sec: 36 Twp: 5s Rng: 97w

\*\* If directional footage at Bottom Hole Dist.: 1168 feet. Direction: FNL Dist.: 649 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) 06/29/2010 13. Date TD: 07/08/2010 14. Date Casing Set or D&A: \_\_\_\_\_

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9170 TVD\*\* 9078 17 Plug Back Total Depth MD 9085 TVD\*\* 8993

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 RESEVOIR PERFORMANCE MONITOR (RPM); PLATFORM EXPRESS AND FMI

### 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	60	100	0	60	VISU
SURF	14+3/4	9+5/8		0	2,250	1,077	0	2,250	VISU
1ST	7+7/8	4+1/2		0	9,145	668	4,000	9,145	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	5,928		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,463		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,962		<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: 8/19/2011 Email: JENN.MENDOZA@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2591496	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591495	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"/>
<b>Other Attachments</b>			
2591494	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591497	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Added top of production at same point as td due to S well profile	12/20/2011 8:56:15 AM
Permit	Williams submitted a sundry with revised shl and as built information	12/16/2011 2:55:14 PM
Permit	Surface Location on submitted Form 5 not the same as on APD.	8/22/2011 9:21:50 AM
Data Entry	UNRECOGNIZED FORMATION NAME: KMV GAS MEASURED DEPTH TOP = 6463	8/18/2011 3:34:42 PM

Total: 4 comment(s)