

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:
2285130

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 05-045-15895-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 313-36-597
 8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 1217 feet Direction: FNL Distance: 1662 feet Direction: FWL
 As Drilled Latitude: 39.574075 As Drilled Longitude: -108.230246

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.: 2533 feet. Direction: FSL Dist.: 666 feet. Direction: FWL
 Sec: 36 Twp: 5s Rng: 97w

** If directional footage at Bottom Hole Dist.: 2553 feet. Direction: FSL Dist.: 666 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) 08/05/2010 13. Date TD: 08/14/2010 14. Date Casing Set or D&A: 08/15/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9295 TVD** 8949 17 Plug Back Total Depth MD 9187 TVD** 8841

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 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	60	100	0	60	VISU
SURF	14+3/4	9+5/8		0	2,323	847	0	2,323	VISU
1ST	7+7/8	4+1/2		0	9,284	671	3,380	9,284	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	6,121		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,622		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,150		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS FORMATION NAME: KMV GAS MEASURED DEPTH TOP: 5690

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 ?	
Attachment Checklist			
2285133	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285131	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			
2285130	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2285132	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Williams submitted a sundry to correct the shl and as-built information	12/16/2011 3:14:46 PM

Total: 1 comment(s)