

**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:

2286462

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 629-8456
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19667-00 6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 444-27
8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1911 feet Direction: FSL Distance: 1328 feet Direction: FEL
As Drilled Latitude: 39.493177 As Drilled Longitude: -108.089904

GPS Data:

Data of Measurement: 08/20/2010 PDOP Reading: 4.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 552 feet. Direction: FSL Dist.: 175 feet. Direction: FEL
Sec: 27 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 523 feet. Direction: FSL Dist.: 167 feet. Direction: FEL
Sec: 27 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number: CA COC49009

12. Spud Date: (when the 1st bit hit the dirt) 03/25/2011 13. Date TD: 03/31/2011 14. Date Casing Set or D&A: 04/01/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7485 TVD** 7118 17 Plug Back Total Depth MD 7444 TVD** 707718. Elevations GR 5655 KB 5679

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 RPM
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	0	88	33	0	88	VISU
SURF	13+1/2	9+5/8	0	0	1,045	268	0	1,045	VISU
1ST	7+7/8	4+1/2	0	0	7,474	790	3,240	7,474	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	2,270		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE =0#
MESAVERDE	4,174		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,870		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,870		<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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN II Date: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286464	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286463	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>					
2286462	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Added mud to list of logs Corrected formation name	1/20/2012 3:37:23 PM

Total: 1 comment(s)