

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:  
2286487

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: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-19729-00  
6. County: GARFIELD  
7. Well Name: ExxonMobil  
Well Number: GM 323-27  
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6  
Footage at surface: Distance: 1150 feet Direction: FSL Distance: 2531 feet Direction: FWL  
As Drilled Latitude: 39.491088 As Drilled Longitude: -108.095116

GPS Data:

Data of Measurement: 11/01/2010 PDOP Reading: 3.5 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2485 feet. Direction: FSL Dist.: 2311 feet. Direction: FEL  
Sec: 27 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2466 feet. Direction: FSL Dist.: 2329 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:

12. Spud Date: (when the 1st bit hit the dirt) 04/03/2011 13. Date TD: 04/07/2011 14. Date Casing Set or D&A: 04/08/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7263 TVD\*\* 7041 17 Plug Back Total Depth MD 6892 TVD\*\* 6670

18. Elevations GR 5604 KB 5628

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

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	68	41	0	68	VISU
SURF	13+1/2	9+5/8		0	745	240	0	745	VISU
1ST	7+7/8	4+1/2		0	7,252	990	3,260	7,252	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 G	2,146		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,015		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,686		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,159		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT #2286490

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

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: PERMITTING

Date: 11/29/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2286489	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2286488	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>			
2286487	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)