

FORM  
5Rev  
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:

2286619

## 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: ANGELA  
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-06620-00

6. County: GARFIELD

7. Well Name: BARRETT ET AL

Well Number: GV 19-36

8. Location: QtrQtr: NWSW Section: 36 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1150 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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

Sec: Twp: Rng:

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: 12706

12. Spud Date: (when the 1st bit hit the dirt) 11/11/1989 13. Date TD: 12/05/1989 14. Date Casing Set or D&amp;A: 12/05/1989

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6990 TVD\*\* 17 Plug Back Total Depth MD 6884 TVD\*\*

18. Elevations GR 5485 KB 5500

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:

DI CD HI RES DN

## 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	45	15	0	45	VISU
SURF	12+3/4	8+5/8		0	318	200	0	318	VISU
1ST	7+7/8	5+1/2		0	6,967	1,362	1,554	6,967	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		185	3,753	3,850
SQUEEZE	1ST		200	3,368	3,368
SQUEEZE	1ST		125	3,806	3,806

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	1,847		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,186		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,303		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,778		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT# 2286617

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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY

Date: 12/15/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286620	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2286619	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Emailed operator on squeeze cement elevations being equal on two of the squeezes.	2/9/2012 8:55:11 AM
Permit	Well was drilled before digital log requirement	1/31/2012 4:35:52 PM
Data Entry	CHECK CASING AND STAGE/TOP OUT/REMEDIAL CEMENT. CHECK FOOTAGE AT SURFACE.	1/17/2012 10:31:46 AM

Total: 3 comment(s)