

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:

400258482

Date Received:

## 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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20221-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 322-26

8. Location: QtrQtr: LOT1 Section: 27 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1014 feet Direction: FNL Distance: 709 feet Direction: FEL

As Drilled Latitude: 39.499667 As Drilled Longitude: -108.087720

## GPS Data:

Date of Measurement: 03/01/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1739 feet. Direction: FNL Dist.: 2183 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1745 feet. Direction: FNL Dist.: 2175 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC27743

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 08/29/2011 14. Date Casing Set or D&amp;A: 08/30/2011

## 15. Well Classification:

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

16. Total Depth MD 8295 TVD\*\* 7285 17 Plug Back Total Depth MD 8252 TVD\*\* 7242

18. Elevations GR 5770 KB 5794

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	48	0	67	25	0	67	VISU
SURF	13+1/2	9+5/8	32.3	0	1,384	360	0	1,384	VISU
1ST	7+7/8	4+1/2	11.6	0	8,283	825	4,190	8,283	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	2,670		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,066		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,686		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,205		<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: Matt BarberTitle: Snr Regulatory Specialist Date: \_\_\_\_\_ Email: matt.barber@williams.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400258634	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400258633	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"/>
400258635	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)