

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:

400258670

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 05-045-20219-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 421-26

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

Footage at surface: Distance: 1018 feet Direction: FNL Distance: 721 feet Direction: FEL

As Drilled Latitude: 39.499657 As Drilled Longitude: -108.087761

GPS Data:

Data 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.: 1086 feet. Direction: FNL Dist.: 1243 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1103 feet. Direction: FNL Dist.: 1248 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) 09/07/2011 13. Date TD: 09/13/2011 14. Date Casing Set or D&A: 09/15/2011

15. Well Classification:

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

16. Total Depth MD 7726 TVD** 7285 17 Plug Back Total Depth MD 7680 TVD** 7239

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 & 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	64	24	0	64	VISU
SURF	13+1/2	9+5/8	32.3	0	1,321	334	0	1,321	VISU
1ST	7+7/8	4+1/2	11.6	0	7,710	1,008	3,258	7,710	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	2,431		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,501		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,084		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,638		<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: Sr Regulatory Specialist Date: _____ Email: matt.barber@williams.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400258786	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400258787	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"/>
400258788	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400258672	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)