

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

1882540

Date Received:

04/18/2008

**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: 96705

4. Contact Name: HEATHER RILEY

2. Name of Operator: WILLIAMS PRODUCTION COMPANY LLC

Phone: (505) 634-4222

3. Address: P O BOX 640

Fax: (505) 634-4205

City: AZTEC State: NM Zip: 87410

5. API Number 05-067-09095-00

6. County: LA PLATA

7. Well Name: NORTHWEST CEDAR HILL 32-

Well Number: 12A

8. Location: QtrQtr: NWSW Section: 23 Township: 32N Range: 10W Meridian: N

Footage at surface: Distance: 995 feet Direction: FSL Distance: 270 feet Direction: FWL

As Drilled Latitude: 37.002440 As Drilled Longitude: -107.911090

## GPS Data:

Date of Measurement: 05/03/2007 PDOP Reading: 2.3 GPS Instrument Operator's Name: NELSON ROSS

\*\* 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: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 142015113A

12. Spud Date: (when the 1st bit hit the dirt) 01/26/2007 13. Date TD: 02/16/2007 14. Date Casing Set or D&amp;A: 02/18/2007

## 15. Well Classification:

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

16. Total Depth MD 5970 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6432 KB 6444

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, CD/CNL, CNL, AISF

## 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
SURF	12+1/4	9+5/8		0	539	300	0	539	
1ST	8+3/4	7		0	3,414	58	2,770	3,414	CBL
S.C. 1.1					2,650	352	0	2,650	
1ST LINER	6+1/4	4+1/2		3317	5,962	200	3,390	5,962	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

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

Method used	String	Cementing tool setting/perf 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	
CLIFF HOUSE	4,736	5,398	<input type="checkbox"/>	<input type="checkbox"/>	
POINT LOOKOUT	5,444	5,728	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CH-MENEFEE 5074-5398', UPPER CH: 4736- 5012'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: HEATHER RILEY

Title: REG SPECIALIST Date: 4/14/2008 Email: \_\_\_\_\_

### Attachment Check List

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

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)