

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1715145

Date Received:

05/21/2009

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
3. Address: 1515 ARAPAHOE ST, #1000
City: DENVER State: CO Zip: 80202
4. Contact Name: ANGELA J. NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-15374-00
6. County: GARFIELD
7. Well Name: SPECIALTY RESTAURANTS
Well Number: SG 13-26
8. Location: QtrQtr: NWSW Section: 26 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1576 feet Direction: FSL Distance: 150 feet Direction: FWL
As Drilled Latitude: 39.405659 As Drilled Longitude: -108.086259

GPS Data:

Data of Measurement: 05/19/2008 PDOP Reading: 2.6 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2408 feet. Direction: FSL Dist.: 568 feet. Direction: FWL
Sec: 26 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2392 feet. Direction: FSL Dist.: 540 feet. Direction: FWL
Sec: 26 Twp: 7S 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) 05/10/2008 13. Date TD: 05/15/2008 14. Date Casing Set or D&A: 05/16/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5220 TVD** 5071 17 Plug Back Total Depth MD 5181 TVD** 8032

18. Elevations GR 5034 KB 5049
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; HIGH RESOLUTION IND, SPECTRAL DENS, DUAL SPACED NEUTRON, MUD

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	45	25	0	45	
SURF	13+1/2	9+5/8	32.3	0	1,167	315	0	1,167	
1ST	7+7/8	4+1/2	11.6	0	5,208	705	1,510	5,208	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	
WASATCH G	589		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,270		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,623		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,108		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#

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

Signed: Y _____ Print Name: ANGELA NEIFERT _____

Title: PERMITTING _____ Date: 6/18/2010 _____ Email: ANGELA.NEIFERT@WPXENERGY.COM _____

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"/>
1787519	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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)