

FORM  
5Rev  
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

4. Contact Name: ANGELA J. NEIFERT

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

Phone: (303) 606-4398

3. Address: 1515 ARAPAHOE ST, #1000

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

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&amp;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 NEIFERTTitle: 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****User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)