



1120 Lincoln Street, Suite 601, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109

**DRILLING COMPLETION REPORT**

RECEIVED  
MAY 12 2010  
COGCC

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.

Complete the Attachment Checklist

1. OGCC Operator Number: <u>96850</u>		4. Contact Name <u>Sandra Salazar</u>		OP OGCC
2. Name of Operator: <u>Williams Production RMT Company</u>		Phone: <u>(303) 629-8456</u>		
3. Address: <u>1515 Arapahoe St., Tower 3, Suite 1000</u> City <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>(303) 629-8272</u>		
5. API Number <u>05-045-18074-00</u>		6. County: <u>Garfield</u>		Logs
7. Well Name: <u>Federal</u>		Well Number: <u>RWF 514-19</u>		Directional Survey** <input checked="" type="checkbox"/>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW Sec. 19-T6S-R94W</u>				DST Analysis
Footage at surface: <u>1411</u> FNL/FSL <input checked="" type="checkbox"/> <u>439</u> FEL/FWL <input checked="" type="checkbox"/>		As Drilled Latitude: <u>39.507036</u> As Drilled Longitude: <u>-107.936683</u>		Core Analysis
Date of Measurement: <u>06/23/09</u> PDOP Reading: <u>1.9</u> GPS Instrument Operator's Name: <u>Jack Kirkpatrick</u>				Cmt summary* <input checked="" type="checkbox"/>
** If directional, footage at Top of Prod. Zone <u>242</u> FNL/FSL <input checked="" type="checkbox"/> <u>317</u> FEL/FWL <input checked="" type="checkbox"/> Sec, Twp, Rng <u>SWSW Sec. 19-T6S-R94W</u>				
** If directional, footage at Bottom Hole <u>227</u> FNL/FSL <input checked="" type="checkbox"/> <u>333</u> FEL/FWL <input checked="" type="checkbox"/> Sec, Twp, Rng <u>SWSW Sec. 19-T6S-R94W</u>				
9. Field Name: <u>Rulison</u>		10. Field Number <u>75400</u>		15. Well Classification
11. Federal, Indian or State Lease Number: <u>COC62160</u>				<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas
12. Spud Date: (when the 1st bit hit the dirt) <u>1/3/2010</u>		13. Date TD: <u>1/12/2010</u>		<input type="checkbox"/> Coalbed <input type="checkbox"/> Disposal
		14. Date Casing Set or D&A: <u>1/14/2010</u>		<input type="checkbox"/> Stratigraphic
16. Total Depth <u>MD 8565</u> TVD** <u>8424</u>		17. Plug Back Total Depth <u>MD</u> TVD** <u></u>		<input type="checkbox"/> Enhanced Recovery
18. Elevations <u>GR 5733</u> KB <u>5755.5</u>		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.		<input type="checkbox"/> Gas Storage
19. List Electric Logs Run: <u>CBL, Reservoir Monitor Tool Elite</u>				<input type="checkbox"/> Observation
				<input type="checkbox"/> Other: _____

20. **CASING, LINER and CEMENT**

\*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Top	Csg/Tool Setting Depth	Number of sacks cmt	Cement Top	Cement Bottom	CBL*	Calculated*
Conductor	24"	18"	Surface	60	23	Surface	60	<input type="checkbox"/>	Visual
Surface	13 1/2"	9 5/8"	Surface	1125	320	Surface	1125	<input type="checkbox"/>	Visual
Production	8 3/4"	4 1/2"	Surface	8546	1225	4900	8546	<input checked="" type="checkbox"/>	
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Stage, Squeeze, Remedial Cement Job									
Liner								<input type="checkbox"/>	
Liner								<input type="checkbox"/>	

21. **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies	
	Top	Bottom	DST	Cored
G Sand	2460		<input type="checkbox"/>	<input type="checkbox"/>
Mesaverde	4969		<input type="checkbox"/>	<input type="checkbox"/>
Cameo	7455		<input type="checkbox"/>	<input type="checkbox"/>
Rollins	8409		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

All DST and Core Analyses must be submitted to COGCC

COMMENTS
Surface Pressure = 0#
WAITING ON COMPLETION

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

Print Name: Sandra Salazar E-mail: Sandra.Salazar@Williams.com  
 Signature: [Handwritten Signature] Title: Permit Technician Date: 4/26/10