

FORM
5Rev
02/08State 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:

2554769

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 629-8456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18029-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 13-35
8. Location: QtrQtr: SWSW Section: 35 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 564 feet Direction: FSL Distance: 528 feet Direction: FWL
As Drilled Latitude: 39.476168 As Drilled Longitude: -107.862990

GPS Data:

Data of Measurement: 09/29/2009 PDOP Reading: 4.1 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: 35 Twp: 6S Rng: 94W
at Bottom Hole Distance: 1780 feet Direction: FSL Distance: 748 feet Direction: FWL
Sec: 35 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC128379

12. Spud Date: (when the 1st bit hit the dirt) 03/31/2010 13. Date TD: 04/07/2010 14. Date Casing Set or D&A: 04/09/2010

15. Well Classification:

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

16. Total Depth MD 8128 TVD 7959 17 Plug Back Total Depth MD 8054 TVD 7885

18. Elevations GR 5806 KB 5830

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 INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	18		41	15	0	41	VISU
SURF	13+1/2	9+5/8		1,186	330	0	1,186	VISU
1ST	8+3/4	4+1/2		8,106	2,805	400	8,106	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	1,749		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,209		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,949		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,829		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WAITING ON COMPLETION.

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

Signed: _____ Print Name: SANDRA SALAZAR

Title: PERMITTING Date: 5/24/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nash Director of COGCC Date: 12/18/2010

Attachment Check List

Att Doc Num	Name
2554769	FORM 5 SUBMITTED
2554770	WELLBORE DIAGRAM
2554771	DIRECTIONAL SURVEY
2554772	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)