

FORM
5
Rev
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

1906236

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 NEIFERT
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 606-4398
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18230-00 6. County: GARFIELD
7. Well Name: CLOUGH Well Number: RWF 341-27
8. Location: QtrQtr: SWNE Section: 27 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 1739 feet Direction: FNL Distance: 2188 feet Direction: FEL
As Drilled Latitude: 39.498731 As Drilled Longitude: -107.872704

GPS Data:

Data of Measurement: 08/25/2009 PDOP Reading: 2.4 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: FNL Distance: _____ feet Direction: FEL
Sec: 27 Twp: 6S Rng: 94W
at Bottom Hole Distance: 1244 feet Direction: FNL Distance: 699 feet Direction: FEL
Sec: 27 Twp: 6S Rng: 94W

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

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2009 13. Date TD: 09/13/2009 14. Date Casing Set or D&A: 09/14/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7975 TVD 7643 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5219 KB 5242

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, RESERVIR MONITOR TOOL ELITE

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		82	31		45	CALC
SURF	13+1/2	9+5/8		1,123	320		1,123	CALC
1ST	7+7/8	4+1/2		7,955	1,445		7,955	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	1,321		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,052		<input type="checkbox"/>	<input type="checkbox"/>	WAITING ON COMPLETION FOR FALL 2010
CAMEO	6,863		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,755		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 J NEIFERT

Title: PERMIT TECHNICIAN Date: 3/30/2010 Email: ANGELA.NERFERT@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. Neshin* Director of COGCC Date: 12/28/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
Permit	Paper directional survey and cement summary are located in paper well file. Paper and digital logs received. dhs	12/28/2010 12:43:34 PM

Total: 1 comment(s)