

**FORM  
5**Rev  
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:

2611106

**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 LLC Phone: (303) 572-3900  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8265  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17502-00 6. County: GARFIELD  
7. Well Name: BUXTON Well Number: RWF 432-30  
8. Location: QtrQtr: NESW Section: 30 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 1881 feet Direction: FSL Distance: 1432 feet Direction: FWL  
As Drilled Latitude: 39.493789 As Drilled Longitude: -107.933026

## GPS Data:

Data of Measurement: 10/20/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

## \*\* If directional footage

at Top of Prod. Zone Distance: 2245 feet Direction: FNL Distance: 2019 feet Direction: FEL  
Sec: 30 Twp: 6S Rng: 94W  
at Bottom Hole Distance: 2234 feet Direction: FNL Distance: 2018 feet Direction: FEL  
Sec: 30 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) 06/22/2009 13. Date TD: 07/01/2009 14. Date Casing Set or D&A: 07/02/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8143 TVD 7769 17 Plug Back Total Depth MD 8089 TVD 771518. Elevations GR 5248 KB 5274

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 RES INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON

## 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		0	65	24	0	65	CALC
SURF	13+1/2	9+5/8		0	2,187	510	0	2,187	CALC
1ST	7+7/8	4+1/2		0	8,123	1,039	3,200	8,123	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	2,063		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,594		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,116		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,083		<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: SANDRA SALAZAR

Title: PERMIT TECH Date: 3/5/2010 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: 2/16/2011

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)