

**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:

2611111

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 05-045-15676-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 541-17
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 2229 feet Direction: FNL Distance: 450 feet Direction: FEL
As Drilled Latitude: 39.526346 As Drilled Longitude: -107.904580

GPS Data:

Data of Measurement: 07/07/2008 PDOP Reading: 5.4 GPS Instrument Operator's Name: TANNER VIERS

** If directional footage

at Top of Prod. Zone Distance: 528 feet Direction: FNL Distance: 729 feet Direction: FEL
Sec: 17 Twp: 6S Rng: 94W
at Bottom Hole Distance: 564 feet Direction: FNL Distance: 742 feet Direction: FEL
Sec: 17 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 7540011. Federal, Indian or State Lease Number: COC2786712. Spud Date: (when the 1st bit hit the dirt) 08/03/2009 13. Date TD: 08/16/2009 14. Date Casing Set or D&A: 08/17/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9021 TVD 8652 17 Plug Back Total Depth MD 8952 TVD 858318. Elevations GR 5816 KB 5838

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, RESERVOIR MONITOR TOOL ELITE

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	60	22	0	60	CALC
SURF	13+1/2	9+5/8		0	2,653	660	0	2,653	CALC
1ST	8+3/4	4+1/2		0	9,002	1,320	3,500	9,002	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	2,325		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,158		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,960		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,874		<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)