

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: 2071604
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>SANDRA SALAZAR</u>	
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 629-8456</u>	
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8268</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-045-16324-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>FEDERAL</u>		Well Number: <u>RWF 543-4</u>	
8. Location: QtrQtr: <u>SWSE</u> Section: <u>4</u> Township: <u>7S</u> Range: <u>94W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>665</u> feet Direction: <u>FSL</u> Distance: <u>2030</u> feet Direction: <u>FEL</u>			
As Drilled Latitude: <u>39.461823</u> As Drilled Longitude: <u>-107.890264</u>			
GPS Data: Date of Measurement: <u>04/08/2009</u> PDOP Reading: <u>1.8</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>2624</u> feet. Direction: <u>FSL</u> Dist.: <u>513</u> feet. Direction: <u>FEL</u>			
Sec: <u>4</u> Twp: <u>7S</u> Rng: <u>94W</u>			
** If directional footage at Bottom Hole Dist.: <u>2627</u> feet. Direction: <u>FSL</u> Dist.: <u>521</u> feet. Direction: <u>FEL</u>			
Sec: <u>4</u> Twp: <u>7S</u> Rng: <u>94W</u>			
9. Field Name: <u>RULISON</u>		10. Field Number: <u>75400</u>	
11. Federal, Indian or State Lease Number: <u>C46030</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>06/25/2009</u> 13. Date TD: <u>07/04/2009</u> 14. Date Casing Set or D&A: <u>07/04/2009</u>			
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>8953</u> TVD** <u>8409</u>		17 Plug Back Total Depth MD <u>8899</u> TVD** <u>8355</u>	
18. Elevations GR <u>6272</u> KB <u>6296</u>		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: <u>RPM AND CBL</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	86	32	0	52	VISU
SURF	13+1/2	9+5/8		0	2,908	643	0	2,908	VISU
1ST	7+7/8	4+1/2		0	8,932	915	3,910	8,932	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	2,717		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,322		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,916		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,842		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#

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: PERMIT TECHNICIAN

Date: 9/30/2010

Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071606	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2071604	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2071605	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)