


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 2071604	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 96850		4. Contact Name: SANDRA SALAZAR					
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC		Phone: (303) 629-8456					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 629-8268					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-16324-00		6. County: GARFIELD					
7. Well Name: FEDERAL		Well Number: RWF 543-4					
8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 94W Meridian: 6							
Footage at surface: Distance: 665 feet Direction: FSL Distance: 2030 feet Direction: FEL							
As Drilled Latitude: 39.461823	As Drilled Longitude: -107.890264						
GPS Data:							
Data of Measurement: 04/08/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone Dist.: 2624 feet. Direction: FSL Dist.: 513 feet. Direction: FEL							
Sec: 4 Twp: 7S Rng: 94W							
** If directional footage at Bottom Hole Dist.: 2627 feet. Direction: FSL Dist.: 521 feet. Direction: FEL							
Sec: 4 Twp: 7S Rng: 94W							
9. Field Name: RULISON		10. Field Number: 75400					
11. Federal, Indian or State Lease Number: C46030							
12. Spud Date: (when the 1st bit hit the dirt) 06/25/2009 13. Date TD: 07/04/2009 14. Date Casing Set or D&A: 07/04/2009							
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 8953 TVD** 8409		17 Plug Back Total Depth MD 8899 TVD** 8355					
18. Elevations GR 6272 KB 6296		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:							
RPM AND CBL							

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"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)