


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2584731</div>	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 type="checkbox"/> Final completion <input checked="" 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 05-045-18742-00		6. County: GARFIELD					
7. Well Name: SAVAGE		Well Number: RWF 442-35					
8. Location: QtrQtr: NWNE Section: 35 Township: 6S Range: 94W Meridian: 6							
Footage at surface: Distance: 739 feet Direction: FNL Distance: 2047 feet Direction: FEL							
As Drilled Latitude: 39.487123 As Drilled Longitude: -107.853218							
GPS Data: Date of Measurement: 01/29/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.: feet. Direction: FNL Dist.: feet. Direction: FEL					
Sec: 35 Twp: 6S Rng: 94W							
** If directional footage at Bottom Hole		Dist.: 2047 feet. Direction: FNL Dist.: 686 feet. Direction: FEL					
Sec: 35 Twp: 6S Rng: 94W							
9. Field Name: RULISON		10. Field Number: 75400					
11. Federal, Indian or State Lease Number: COC07506							
12. Spud Date: (when the 1st bit hit the dirt) 06/04/2010 13. Date TD: 06/12/2010 14. Date Casing Set or D&A: 06/13/2010							
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 7972 TVD** 7570		17 Plug Back Total Depth MD TVD**					
18. Elevations GR 5442 KB 5466		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: <div style="border: 1px solid black; padding: 2px;">RPM AND CBL</div>							
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	67	25		67	VISU
SURF	13+1/2	9+5/8		0	1,745	440		1,745	VISU
1ST	7+7/8	4+1/2		0	8,010	1,030	2,850	8,010	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	
MESAVERDE	4,303		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE=0#
CAMEO	7,057		<input type="checkbox"/>	<input type="checkbox"/>	WAITING ON COMPLETION
ROLLINS	7,884		<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: _____ 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>					
2584734	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2584733	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>					
2584731	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2584732	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)