


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;">1634011</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 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 05-045-16899-00		6. County: GARFIELD					
7. Well Name: SAVAGE		Well Number: RWF 444-34					
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6							
Footage at surface: Distance: 538 feet Direction: FSL Distance: 1907 feet Direction: FEL							
As Drilled Latitude: 39.476035 As Drilled Longitude: -107.871617							
GPS Data: Date of Measurement: 10/02/2008 PDOP Reading: 1.6 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.: 181 feet. Direction: FSL Dist.: 189 feet. Direction: FEL					
Sec: 34 Twp: 6S Rng: 94W							
** If directional footage at Bottom Hole		Dist.: 191 feet. Direction: FSL Dist.: 176 feet. Direction: FEL					
Sec: 34 Twp: 6S Rng: 94W							
9. Field Name: RULISON		10. Field Number: 75400					
11. Federal, Indian or State Lease Number: CACOC60596							
12. Spud Date: (when the 1st bit hit the dirt) 12/01/2009 13. Date TD: 12/11/2009 14. Date Casing Set or D&A: 12/12/2009							
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 8117 TVD** 7783		17 Plug Back Total Depth MD 8048 TVD** 7714					
18. Elevations GR 5626 KB 5650		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; RPM; mud							
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	56	21	0	56	VISU
SURF	13+1/2	9+5/8		0	2,014	460	0	2,014	VISU
1ST	7+7/8	4+1/2		0	8,081	1,290	3,450	8,081	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	
GREELEY SAND	1,613		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,387		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,068		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,927		<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: 1/13/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1634013	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1634012	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>					
1634011	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)