

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

Document Number:  
1635639

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  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC  
3. Address: 1001 17TH STREET - SUITE #1200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: SNADRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-09391-00  
6. County: GARFIELD  
7. Well Name: FEDERAL  
Well Number: RWF 333-17  
8. Location: QtrQtr: NWSE Section: 17 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 1713 feet Direction: FSL Distance: 1858 feet Direction: FEL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 2220 feet. Direction: FSL Dist.: 1860 feet. Direction: FEL

Sec: 17 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 2175 feet. Direction: FSL Dist.: 1871 feet. Direction: FEL

Sec: 17 Twp: 6S Rng: 94Q

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 50858

12. Spud Date: (when the 1st bit hit the dirt) 11/27/2003 13. Date TD: 12/10/2003 14. Date Casing Set or D&A: 12/20/2003

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8108 TVD\*\* 8077 17 Plug Back Total Depth MD 8069 TVD\*\* 8038

18. Elevations GR 5681 KB 5695

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:

HIGH RESOLUTION INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON, CBL

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	55	51		55	VISU
SURF	13+1/2	9+5/8		0	1,141	515	0	1,141	VISU
1ST	7+7/8	4+1/2		0	8,102	925	3,100	8,102	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
			50	5,896	5,898

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	2,172		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 10#
MESAVERDE	4,612		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,367		<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 II Date: 4/25/2011 Email: SABDRA.SAKAZAR@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"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
1635639	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req digital logs & as drilled gps	7/26/2011 3:16:45 PM

Total: 1 comment(s)