

**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:

2586974

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 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 05-045-19635-00 6. County: GARFIELD
7. Well Name: Savage Well Number: RWF 331-3
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 607 feet Direction: FSL Distance: 1863 feet Direction: FEL
As Drilled Latitude: 39.476230 As Drilled Longitude: -107.871459

GPS Data:

Data 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.: 189 feet. Direction: FNL Dist.: 2079 feet. Direction: FELSec: 3 Twp: 7S Rng: 94W** If directional footage at Bottom Hole Dist.: 194 feet. Direction: FNL Dist.: 2075 feet. Direction: FELSec: 3 Twp: 7S Rng: 94W9. Field Name: RULISON 10. Field Number: 7540011. Federal, Indian or State Lease Number: COC 000750612. Spud Date: (when the 1st bit hit the dirt) 02/18/2011 13. Date TD: 02/26/2011 14. Date Casing Set or D&A: 02/28/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7865 TVD** 7777 17 Plug Back Total Depth MD 7805 TVD** 771718. Elevations GR 5626 KB 5652

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:

PLATFORM EXPRESS

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	84	31	0	84	VISU
SURF	13+1/2	9+5/8		0	1,792	445	0	1,792	VISU
1ST	8+3/4	4+1/2		0	7,850	1,290	3,200	7,850	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	1,639		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,215		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,856		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,722		<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: 5/31/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586976	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586975	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>					
2586974	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'D LAS LOGS.	8/17/2011 10:05:36 AM

Total: 1 comment(s)