

FORM  
5Rev  
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:

2285476

## 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 05-045-19633-00 6. County: GARFIELD  
7. Well Name: Savage Well Number: RWF 41-3  
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 649 feet Direction: FSL Distance: 1801 feet Direction: FEL  
As Drilled Latitude: 39.476347 As Drilled Longitude: -107.871236

## GPS Data:

Data of Measurement: 05/09/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: LAUREN VANCE

\*\* If directional footage at Top of Prod. Zone Dist.: 642 feet. Direction: FNL Dist.: 689 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 657 feet. Direction: FNL Dist.: 686 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

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

11. Federal, Indian or State Lease Number: COC 0007506

12. Spud Date: (when the 1st bit hit the dirt) 04/28/2011 13. Date TD: 05/05/2011 14. Date Casing Set or D&amp;A: 04/29/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7970 TVD\*\* 7621 17 Plug Back Total Depth MD 7916 TVD\*\* 7567

18. 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:

SP/GR/HDIL/ZDL/CN AND CBL, MUD

## 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	94	35	0	94	VISU
SURF	13+1/2	9+5/8		0	1,133	320	0	1,133	VISU
1ST	8+3/4	4+1/2		0	7,948	1,300	2,890	7,948	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	1,596		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,423		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,098		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,952		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2285479

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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: PERMITTING

Date: 9/30/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285478	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285477	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>					
2285476	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC CORRECT AS DRILLED , REQ MWD/FMI LOGS	12/5/2011 10:47:59 AM
Data Entry	CHECK LATITUDE AND LONGITUDE COORDINATES AS WELL AS SEC/TOWNSHIP/RANGES FOR DIRECTIONAL FOOTAGES.	12/2/2011 9:47:40 AM

Total: 2 comment(s)