

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:

2285591

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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19720-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: PA 541-9

8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 102 feet Direction: FSL Distance: 1990 feet Direction: FEL

As Drilled Latitude: 39.459612 As Drilled Longitude: -108.000511

GPS Data:

Date of Measurement: 06/16/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 257 feet. Direction: FNL Dist.: 212 feet. Direction: FEL

Sec: 9 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 227 feet. Direction: FNL Dist.: 235 feet. Direction: FEL

Sec: 9 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/22/2010 13. Date TD: 01/02/2011 14. Date Casing Set or D&A: 01/03/2011

15. Well Classification:

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

16. Total Depth MD 7480 TVD** 7071 17 Plug Back Total Depth MD 7435 TVD** 7026

18. Elevations GR 5756 KB 5779

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 AND 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	65	16	0	65	VISU
SURF	13+1/2	9+5/8		0	1,602	400	0	1,602	VISU
1ST	8+3/4	4+1/2		0	7,462	1,154	3,150	7,462	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	1,878		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,222		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,381		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,431		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC # 2285594

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: MATT BARBER

Title: REGULATORY

Date: 10/25/2011

Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285593	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285592	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>					
2285591	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req mwd/fmi logs	12/6/2011 1:06:07 PM

Total: 1 comment(s)