

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:

2285848

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: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19722-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: PA 331-9

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

Footage at surface: Distance: 107 feet Direction: FSL Distance: 2021 feet Direction: FEL

As Drilled Latitude: 39.459623 As Drilled Longitude: -108.000622

GPS Data:

Data of Measurement: 06/16/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 783 feet. Direction: FNL Dist.: 1709 feet. Direction: FEL

Sec: 9 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 774 feet. Direction: FNL Dist.: 1717 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) 02/26/2011 13. Date TD: 03/03/2011 14. Date Casing Set or D&A: 03/04/2011

15. Well Classification:

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

16. Total Depth MD 7140 TVD** 7034 17 Plug Back Total Depth MD 7099 TVD** 6993

18. Elevations GR 5757 KB 5778

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

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	48	0	45	15	0	45	VISU
SURF	13+1/2	9+5/8	32.3	0	838	250	0	838	VISU
1ST	8+3/4	4+1/2	11.6	0	7,125	1,135	4,661	7,125	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	1,892		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,931		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,088		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,006		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT #2285851

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: JENN MENDOZA

Title: PERMIT TECH

Date: 11/4/2011

Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285850	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285849	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>					
2285848	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	corrected BHL from "FSL" to "FNL"	1/12/2012 11:19:03 AM
Permit	Corrected casing setting date	1/6/2012 2:24:47 PM

Total: 2 comment(s)