

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:

2286836

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) 629-8263
City: DENVER State: CO Zip: 80202

5. API Number 05-045-13601-00 6. County: GARFIELD
7. Well Name: CLOUGH Well Number: RWF 24-14
8. Location: QtrQtr: SWSW Section: 14 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 911 feet Direction: FSL Distance: 368 feet Direction: FWL
As Drilled Latitude: 39.520392 As Drilled Longitude: -107.863772

GPS Data:

Data of Measurement: 12/12/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: LAUREN VANCE

** If directional footage at Top of Prod. Zone Dist.: 251 feet. Direction: FSL Dist.: 1512 feet. Direction: FWL

Sec: 14 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 244 feet. Direction: FSL Dist.: 1497 feet. Direction: FWL

Sec: 14 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: COC2799

12. Spud Date: (when the 1st bit hit the dirt) 05/25/2007 13. Date TD: 06/06/2007 14. Date Casing Set or D&A: 06/09/2007

15. Well Classification:

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

16. Total Depth MD 8351 TVD** 8181 17 Plug Back Total Depth MD 8029 TVD** 7858

18. Elevations GR 5495 KB 5509

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:

CBL; RESERVOIR MONITOR TOOL ELITE
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	45	25	0	45	VISU
SURF	13+1/2	9+5/8		0	2,104	558	0	2,104	VISU
1ST	7+7/8	4+1/2		0	8,349	1,110	3,750	8,349	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	1,923		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,505		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,390		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,266		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 12/30/2011 Email: SANDRA.SALAZAR@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>					
2286836	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Listed new cement top and as-built coordinates Added pbtvd and mud to list of logs	2/10/2012 11:18:26 AM
Data Entry	TOP OF CASING LINER IS A REQUIRED ENTRY. CANNOT BE GREATER THAN CASING SETTING DEPTH.	1/23/2012 11:07:53 AM

Total: 2 comment(s)