

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

DRILLING COMPLETION REPORT

Document Number:

2554785

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 Phone: (303) 629-8456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18758-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 541-35
8. Location: QtrQtr: NWNE Section: 35 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 716 feet Direction: FNL Distance: 2049 feet Direction: FEL
As Drilled Latitude: 39.487185 As Drilled Longitude: -107.853225

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 Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: 35 Twp: 6S Rng: 94W
at Bottom Hole Distance: 1239 feet Direction: FNL Distance: 193 feet Direction: FEL
Sec: 35 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC07506

12. Spud Date: (when the 1st bit hit the dirt) 04/20/2010 13. Date TD: 04/27/2010 14. Date Casing Set or D&A: 04/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8130 TVD 7708 17 Plug Back Total Depth MD 8017 TVD 7595

18. Elevations GR 5442 KB 5466

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, HIGH RESOLUTION INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON, MUD

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	18	48	86	32	0	86	VISU
SURF	13+1/2	9+5/8	32.3	1,762	442	0	1,762	VISU
1ST	7+7/8	4+1/2	11.6	8,111	1,050	4,730	8,111	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	
WASATCH G	1,418		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,379		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,195		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,010		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WAITING ON COMPLETION.

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: 5/24/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neshin Director of COGCC Date: 1/6/2011

Attachment Check List

Att Doc Num	Name
2554785	FORM 5 SUBMITTED
2554786	WELLBORE DIAGRAM
2554787	DIRECTIONAL SURVEY
2554788	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)