

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:

2554816

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 05-045-18030-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 513-35
8. Location: QtrQtr: SWSW Section: 35 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 566 feet Direction: FSL Distance: 535 feet Direction: FWL
As Drilled Latitude: 39.476174 As Drilled Longitude: -107.862964

GPS Data:

Data of Measurement: 09/29/2009 PDOP Reading: 3.7 GPS Instrument Operator's Name: WAYNE 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: 1462 feet Direction: FSL Distance: 740 feet Direction: FWL
Sec: 35 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC128379

12. Spud Date: (when the 1st bit hit the dirt) 04/09/2010 13. Date TD: 04/21/2010 14. Date Casing Set or D&A: 04/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8035 TVD 7952 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5806 KB 5830

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	18	48	85	32	0	85	VISU
SURF	13+1/2	9+5/8	32.3	1,171	330	0	1,171	VISU
1ST	7+7/8	4+1/2	11.6	8,009	1,310	2,730	8,009	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	1,749		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,209		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,939		<input type="checkbox"/>	<input type="checkbox"/>	WAITING ON COMPLETION
ROLLINS	7,879		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 1/11/2011

Attachment Check List

Att Doc Num	Name
2554816	FORM 5 SUBMITTED
2554817	WELLBORE DIAGRAM
2554818	DIRECTIONAL SURVEY
2554819	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)