

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:

2554828

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 05-045-16909-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RMV 74-34
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 575 feet Direction: FSL Distance: 1881 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: 1960 feet Direction: FSL Distance: 666 feet Direction: FEL
Sec: 34 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: CACOC60596

12. Spud Date: (when the 1st bit hit the dirt) 03/14/2010 13. Date TD: 03/23/2010 14. Date Casing Set or D&A: 03/24/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8108 TVD 7718 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5626 KB 5650

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/Lin Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18	48	0	66	25	0	66	VISU
SURF	12+1/2	9+5/8	32.3	0	1,991	496	0	1,991	VISU
1ST	7+7/8	4+1/2	11.6	0	8,064	1,415	1,820	8,064	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	1,606		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE =0#
MESAVERDE	4,384		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,164		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,024		<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: PERMIT TECHNICIAN 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: 1/13/2011

Attachment Check List

Att Doc Num	Name
2554828	FORM 5 SUBMITTED
2554829	WELLBORE DIAGRAM
2554830	DIRECTIONAL SURVEY
2554831	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)