

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:

1687969

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: ANGELA NEIFERT
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 606-4398
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17805-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 512-19
8. Location: QtrQtr: NWSW Section: 19 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 2597 feet Direction: FSL Distance: 144 feet Direction: FWL
As Drilled Latitude: 39.510286 As Drilled Longitude: -107.937719

GPS Data:

Data of Measurement: 06/02/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: TIM BARNETT

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: 2184 feet Direction: FNL Distance: 203 feet Direction: FWL
Sec: 19 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/05/2009 13. Date TD: 09/14/2009 14. Date Casing Set or D&A: 09/16/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8569 TVD 8541 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5822 KB 5845

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:

GAMMA RAY, ARRAY INDUCTION/SP, CBL, MUD LOG

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	82	31	0	82	
SURF	13+1/2	9+5/8		0	1,146	320	0	1,146	
1ST	7+7/8	4+1/2		0	8,549	1,261		8,549	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	2,537		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,969		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,526		<input type="checkbox"/>	<input type="checkbox"/>	WAITING FOR COMPLETION FOR FALL 2010
ROLLINS	8,469		<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: Y _____ Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 3/30/2010 Email: ANGELA.NEIFERT@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: 1/21/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Request final Form 5, 5A and 10. dhs	1/21/2011 9:53:21 AM

Total: 1 comment(s)