

**FORM  
5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2611097

**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: <u>96850</u>	4. Contact Name: <u>SANDRA SALAZAR</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1515 ARAPAHOE ST STE 1000</u>	Fax: <u>(303) 629-8272</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-15680-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 331-17</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>17</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2230</u> feet Direction: <u>FNL</u> Distance: <u>510</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.526346</u> As Drilled Longitude: <u>-107.904793</u>	

## GPS Data:

Data of Measurement: 07/07/2008 PDOP Reading: 5.3 GPS Instrument Operator's Name: TANNER VIERS

## \*\* If directional footage

at Top of Prod. Zone	Distance: <u>1082</u> feet	Direction: <u>FNL</u>	Distance: <u>1969</u> feet	Direction: <u>FEL</u>
	Sec: <u>17</u>	Twp: <u>6S</u>	Rng: <u>94W</u>	
at Bottom Hole	Distance: <u>1107</u> feet	Direction: <u>FNL</u>	Distance: <u>1985</u> feet	Direction: <u>FEL</u>
	Sec: <u>17</u>	Twp: <u>6S</u>	Rng: <u>94W</u>	

9. Field Name: RULISON 10. Field Number: 7540011. Federal, Indian or State Lease Number: COC6216012. Spud Date: (when the 1st bit hit the dirt) 05/23/2009 13. Date TD: 06/09/2009 14. Date Casing Set or D&A: 06/11/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8855 TVD 8529 17 Plug Back Total Depth MD 8796 TVD 847018. Elevations GR 5816 KB 5838

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

## 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	66	25	0	66	CALC
SURF	13+1/2	9+5/8		0	2,668	743	0	2,668	CALC
1ST	8+3/4	4+1/2		0	8,832	1,271	3,500	8,832	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	2,447		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,137		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,897		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,805		<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: SANDRA SALAZAR \_\_\_\_\_

Title: PERMIT TECH \_\_\_\_\_ Date: 3/5/2010 \_\_\_\_\_ 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. Nash* \_\_\_\_\_ Director of COGCC \_\_\_\_\_ Date: 2/16/2011 \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)