

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:

2517166

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 LLC Phone: (303) 6298456  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298272  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17629-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: RWF 514-18  
8. Location: QtrQtr: SESW Section: 18 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 218 feet Direction: FSL Distance: 1617 feet Direction: FWL  
As Drilled Latitude: 39.518227 As Drilled Longitude: -107.932498

GPS Data:

Data of Measurement: 05/09/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage

at Top of Prod. Zone Distance: 1116 feet Direction: FSL Distance: 324 feet Direction: FWL  
Sec: 18 Twp: 6S Rng: 94W  
at Bottom Hole Distance: 1115 feet Direction: FSL Distance: 325 feet Direction: FWL  
Sec: 18 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: COC62160

12. Spud Date: (when the 1st bit hit the dirt) 12/27/2009 13. Date TD: 01/07/2010 14. Date Casing Set or D&A: 01/08/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9130 TVD 8908 17 Plug Back Total Depth MD 9061 TVD 8839

18. Elevations GR 5972 KB 5998

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, RPM

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	65	24	0	65	VISU
SURF	13+1/2	9+5/8		0	1,137	320	0	1,137	VISU
1ST	7+7/8	4+1/2		0	9,117	1,010	4,900	9,117	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	
J SAND	2,726		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,275		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,919		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,861		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#

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: 8/31/2010 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: 2/17/2011

**Attachment Check List**

Att Doc Num	Name
2517166	FORM 5 SUBMITTED
2517169	DIRECTIONAL SURVEY
2517170	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Requested paper RPM log. Received. dhs	2/7/2011 8:42:01 AM

Total: 1 comment(s)