

**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

Document Number:

2555829

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

5. API Number 05-045-17192-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 414-28
8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 422 feet Direction: FSL Distance: 656 feet Direction: FWL
As Drilled Latitude: 39.490262 As Drilled Longitude: -107.899722

GPS Data:

Data of Measurement: 07/01/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: 120 feet Direction: FSL Distance: 1261 feet Direction: FWL
Sec: 28 Twp: 6S Rng: 94W
at Bottom Hole Distance: 110 feet Direction: FSL Distance: 1260 feet Direction: FWL
Sec: 28 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) 02/23/2009 13. Date TD: 03/07/2009 14. Date Casing Set or D&A: 03/08/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7880 TVD 7835 17 Plug Back Total Depth MD 7815 TVD 777018. Elevations GR 5541 KB 5563

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		1	60	22	0	60	VISU
SURF	13+1/2	9+5/8		1	1,134	360	0	1,134	VISU
1ST	8+3/4	4+1/2		1	7,859	1,241	2,620	7,859	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	1,854		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,947		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,819		<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: 5/31/2010 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. Nash Director of COGCC Date: 2/21/2011

Attachment Check List

Att Doc Num	Name
2555829	FORM 5 SUBMITTED
2555830	DIRECTIONAL SURVEY
2555831	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Permit	CASING TOPS SAID TO BE 1 FOOT TO SATISFY PROGRAM.	10/15/2010 2:36:29 PM

Total: 1 comment(s)