

**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



DE ET OE ES

Document Number:

2556964

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

5. API Number 05-045-16896-00 6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: RWF 423-34  
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 536 feet Direction: FSL Distance: 1925 feet Direction: FEL  
As Drilled Latitude: 39.476030 As Drilled Longitude: -107.871678

## GPS Data:

Data of Measurement: 10/02/2008 PDOP Reading: 1.6 GPS Instrument Operator's Name: JACK KIRKPATRICK

## \*\* If directional footage

at Top of Prod. Zone Distance: 1724 feet Direction: FSL Distance: 1800 feet Direction: FWL  
Sec: 34 Twp: 6S Rng: 94W  
at Bottom Hole Distance: 1712 feet Direction: FSL Distance: 1794 feet Direction: FWL  
Sec: 34 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 7540011. Federal, Indian or State Lease Number: CACOC6059612. Spud Date: (when the 1st bit hit the dirt) 11/07/2009 13. Date TD: 11/18/2009 14. Date Casing Set or D&A: 11/19/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8194 TVD 7837 17 Plug Back Total Depth MD 8140 TVD 778318. 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, 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	2,062	485	0	2,062	VISU
1ST	8+3/4	4+1/2		0	8,173	1,273	2,080	8,173	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	1,932		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,484		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,185		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,047		<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 SALZAR

Title: PERMIT TECHNICIAN Date: 6/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2556964	FORM 5 SUBMITTED
2556965	DIRECTIONAL SURVEY
2556966	CEMENT JOB SUMMARY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	ON HOLD. REQUESTED PAPER RPM LOG. DHS. IT HAS ARRIVED. DHS	10/21/2010 2:40:50 PM

Total: 1 comment(s)