

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:

2556979

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 05-045-17747-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: PA 14-4
8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 1500 feet Direction: FSL Distance: 1451 feet Direction: FWL
As Drilled Latitude: 39.463480 As Drilled Longitude: -108.006866

GPS Data:

Data of Measurement: 10/02/2008 PDOP Reading: 1.5 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: 1138 feet Direction: FSL Distance: 590 feet Direction: FWL
Sec: 4 Twp: 7S Rng: 95W
at Bottom Hole Distance: 1135 feet Direction: FSL Distance: 572 feet Direction: FWL
Sec: 4 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: CACOC51015

12. Spud Date: (when the 1st bit hit the dirt) 01/01/2009 13. Date TD: 01/10/2009 14. Date Casing Set or D&A: 01/13/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6940 TVD 6834 17 Plug Back Total Depth MD 6887 TVD 6781

18. Elevations GR 5585 KB 5608

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:

HIGH RESOLUTION INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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	78	29	0	78	VISU
SURF	13+1/2	9+5/8		0	723	211	0	723	VISU
1ST	8+3/4	4+1/2		0	6,919	1,035	3,674	6,919	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	1,590		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	1,877		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,782		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,965		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,842		<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
2556979	FORM 5 SUBMITTED
2556980	DIRECTIONAL SURVEY
2556981	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)