

**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:

2556974

**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 05-045-15512-00 6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: PA 414-4  
8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 1494 feet Direction: FNL Distance: 1455 feet Direction: FWL  
As Drilled Latitude: 39.463445 As Drilled Longitude: -108.006839

## GPS Data:

Data of Measurement: 06/09/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: JACK KIRKPATRICK

## \*\* If directional footage

at Top of Prod. Zone Distance: 514 feet Direction: FSL Distance: 720 feet Direction: FWL  
Sec: 4 Twp: 7S Rng: 95W  
at Bottom Hole Distance: 519 feet Direction: FSL Distance: 709 feet Direction: FWL  
Sec: 4 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: CACOC1015

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2009 13. Date TD: 01/21/2009 14. Date Casing Set or D&A: 01/23/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7000 TVD 6817 17 Plug Back Total Depth MD 6931 TVD 674818. 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	16		0	67	25	0	67	VISU
SURF	13+1/2	9+5/8		0	802	240	0	802	VISU
1ST	8+3/4	4+1/2		0	6,964	1,002	2,850	6,964	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	1,628		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,834		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,040		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,948		<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
2556974	FORM 5 SUBMITTED
2556975	DIRECTIONAL SURVEY
2556976	CEMENT JOB SUMMARY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	CASING TOPS SAID TO BE 1 FOOT TO SATISFY PROGRAM. DHS	11/5/2010 7:51:38 AM

Total: 1 comment(s)