

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



| | | | |
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| DE | ET | OE | ES |
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Document Number:

2517181

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) 6298268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-16329-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: RWF 444-4
 8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 94W Meridian: 6
 Footage at surface: Distance: 656 feet Direction: FSL Distance: 1999 feet Direction: FEL
 As Drilled Latitude: 39.461800 As Drilled Longitude: -107.890158

GPS Data:

Data of Measurement: 04/08/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 482 feet. Direction: FSL Dist.: 326 feet. Direction: FEL

Sec: 4 Twp: 7S Rng: 64W

** If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 316 feet. Direction: FEL

Sec: 4 Twp: 7S Rng: 94W

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

11. Federal, Indian or State Lease Number: C46030

12. Spud Date: (when the 1st bit hit the dirt) 08/23/2009 13. Date TD: 08/28/2009 14. Date Casing Set or D&A: 08/29/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8665 TVD** 8361 17 Plug Back Total Depth MD 8619 TVD** 8315

18. Elevations GR 6276 KB 6299

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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 | 40 | 15 | 0 | 45 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 1,119 | 320 | 0 | 1,119 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 8,652 | 885 | 3,800 | 8,652 | 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 | 2,534 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 5,109 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,626 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,573 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

SURFACE PRESSUE =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

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2517185 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2517184 | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 2517181 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|---------------------|
| Permit | Changed GR and KB elevations to match log header info Waiting on paper logs | 2/3/2011 2:07:19 PM |

Total: 1 comment(s)

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.