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|---|---|--|---------------------------------|
| 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: 2517138 |
| 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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion | | | |
| 1. OGCC Operator Number: <u>96850</u> | | 4. Contact Name: <u>SANDRA SALAZAR</u> | |
| 2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u> | | Phone: <u>(303) 6298456</u> | |
| 3. Address: <u>1001 17TH STREET - SUITE #1200</u> | | Fax: <u>(303) 6298268</u> | |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> | |
| 5. API Number <u>05-045-16908-00</u> | | 6. County: <u>GARFIELD</u> | |
| 7. Well Name: <u>SAVAGE</u> | | Well Number: <u>RMV 82-34</u> | |
| 8. Location: QtrQtr: <u>SWSE</u> Section: <u>34</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u> | | | |
| Footage at surface: Distance: <u>548</u> feet Direction: <u>FSL</u> Distance: <u>1896</u> feet Direction: <u>FEL</u> | | | |
| As Drilled Latitude: <u>39.476064</u> As Drilled Longitude: <u>-107.871575</u> | | | |
| GPS Data: Date of Measurement: <u>10/02/2008</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u> | | | |
| ** If directional footage at Top of Prod. Zone Dist.: <u>735</u> feet. Direction: <u>FSL</u> Dist.: <u>978</u> feet. Direction: <u>FEL</u> | | | |
| Sec: <u>34</u> Twp: <u>6S</u> Rng: <u>94W</u> | | | |
| ** If directional footage at Bottom Hole Dist.: <u>716</u> feet. Direction: <u>FSL</u> Dist.: <u>992</u> feet. Direction: <u>FEL</u> | | | |
| Sec: <u>34</u> Twp: <u>6S</u> Rng: <u>94W</u> | | | |
| 9. Field Name: <u>RULISON</u> | | 10. Field Number: <u>75400</u> | |
| 11. Federal, Indian or State Lease Number: <u>CACOC60596</u> | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) <u>01/12/2010</u> 13. Date TD: <u>01/20/2010</u> 14. Date Casing Set or D&A: <u>01/22/2010</u> | | | |
| 15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation | | | |
| 16. Total Depth MD <u>7895</u> TVD** <u>7798</u> | | 17 Plug Back Total Depth MD <u>7851</u> TVD** <u>7754</u> | |
| 18. Elevations GR <u>5626</u> KB <u>5650</u> | | 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: SP/GR/HDIL/ZDL/CN CBL Mud Triple combo Lplot VH | | | |
| 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 | 56 | 25 | 0 | 56 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 1,182 | 330 | 0 | 1,182 | VISU |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,885 | 1,285 | 3,230 | 7,885 | 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 | 1,629 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,167 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,864 | | <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: 8/31/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2517139 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2517136 | 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> | | | |
| 2517138 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|---------------------|
| Permit | Added log types from scout card doc link | 2/7/2011 9:00:43 AM |

Total: 1 comment(s)