

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

Document Number:  
2590910

**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) 629-8456  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-16322-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: RWF 334-4  
8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 94W Meridian: 6  
Footage at surface: Distance: 655 feet Direction: FSL Distance: 2029 feet Direction: FEL  
As Drilled Latitude: 39.461797 As Drilled Longitude: -107.890263

GPS Data:

Data of Measurement: 04/08/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 383 feet. Direction: FSL Dist.: 2067 feet. Direction: FEL  
Sec: 4 Twp: 7S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 379 feet. Direction: FSL Dist.: 2079 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) 07/04/2009 13. Date TD: 07/12/2009 14. Date Casing Set or D&A: 07/13/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8350 TVD\*\* 8343 17 Plug Back Total Depth MD 8304 TVD\*\* 8297

18. Elevations GR 6272 KB 6296

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, 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	66	25		45	VISU
SURF	13+1/2	9+5/8		0	1,136	320		1,136	VISU
1ST	7+7/8	4+1/2		0	8,335	870	3,498	8,335	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	
GREELEY SAND	2,521		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = O#
MESAVERDE	4,885		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,409		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,311		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

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: 10/27/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2590912	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590911	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>			
2590910	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)