

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
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Document Number:

2071607

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 05-045-17630-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 324-18
8. Location: QtrQtr: SESW Section: 18 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 230 feet Direction: FSL Distance: 1660 feet Direction: FWL
As Drilled Latitude: 39.518261 As Drilled Longitude: -107.932343

GPS Data:

Data of Measurement: 05/06/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 761 feet. Direction: FSL Dist.: 1881 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 94W
** If directional footage at Bottom Hole Dist.: 756 feet. Direction: FSL Dist.: 1870 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC62160

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2010 13. Date TD: 02/12/2010 14. Date Casing Set or D&A: 02/12/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8684 TVD** 8655 17 Plug Back Total Depth MD 8629 TVD** 8600

18. Elevations GR 5972 KB 5998 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 AND RPM

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	65	24	0	65	VISU
SURF	13+1/2	9+5/8		0	1,148	320	0	1,148	VISU
1ST	7+7/8	4+1/2		0	8,669	1,060	5,110	8,669	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	2,663		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,086		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,683		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,565		<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: 9/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2071610	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2071608	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>					
2071607	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2071609	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)