


<b>FORM</b> <b>5</b> Rev 02/08	State of Colorado <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number:  2584751	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 type="checkbox"/> Final completion <input checked="" 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) 629-8456</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8268</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
5. API Number <u>05-045-18035-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>SAVAGE</u>		Well Number: <u>RWF 414-35</u>					
8. Location:    QtrQtr: <u>SWSW</u> Section: <u>35</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>568</u> feet    Direction: <u>FSL</u> Distance: <u>574</u> feet    Direction: <u>FWL</u>							
As Drilled Latitude: <u>39.476180</u> As Drilled Longitude: <u>-107.862828</u>							
GPS Data: Data of Measurement: <u>09/29/2009</u> PDOP Reading: <u>3.3</u> GPS Instrument Operator's Name: <u>WAYNE KIRKPATRICK</u>							
** If directional footage at Top of Prod. Zone    Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____ Sec:    _____    Twp:    _____    Rng:    _____							
** If directional footage at Bottom Hole    Dist.: <u>227</u> feet. Direction: <u>FSL</u> Dist.: <u>639</u> feet. Direction: <u>FWL</u> Sec: <u>35</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>COC128379</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>06/13/2010</u> 13. Date TD: <u>06/21/2010</u> 14. Date Casing Set or D&A: <u>06/23/2010</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>7950</u> TVD** <u>7938</u>		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR <u>5807</u> KB <u>5831</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: <u>SP/GR/HDIL/ZDL/CN AND CBL</u>							
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	41	15		41	VISU
SURF	13+1/2	9+5/8		0	1,963	540		1,963	VISU
1ST	8+3/4	4+1/2		0	7,929	1,305	2,480	7,929	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	
MESAVERDE	4,239		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE=0#
CAMEO	6,945		<input type="checkbox"/>	<input type="checkbox"/>	WAITING ON CLMPLETION
ROLLINS	7,782		<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: 9/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2584754	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2584753	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>			
2584751	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2584752	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)