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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 |  | <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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2584723</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion | | | | | | | |
| 1. OGCC Operator Number: <u>96850</u> | | 4. Contact Name: <u>SNADRA 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>05-045-17328-00</u> | | 6. County: <u>GARFIELD</u> | | | | | |
| 7. Well Name: <u>SAVAGE</u> | | Well Number: <u>RWF 41-26</u> | | | | | |
| 8. Location: QtrQtr: <u>SENE</u> | Section: <u>26</u> | Township: <u>6S</u> | Range: <u>94W</u> Meridian: <u>6</u> | | | | |
| Footage at surface: Distance: <u>1837</u> feet | Direction: <u>FNL</u> | Distance: <u>1278</u> feet | Direction: <u>FEL</u> | | | | |
| As Drilled Latitude: <u>39.498663</u> | | As Drilled Longitude: <u>-107.850606</u> | | | | | |
| GPS Data: | | | | | | | |
| Data of Measurement: <u>01/21/2010</u> | | PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u> | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: _____ feet. | Direction: <u>FNL</u> Dist.: _____ feet. Direction: <u>FEL</u> | | | | |
| Sec: <u>26</u> | | Twp: <u>6S</u> | Rng: <u>94W</u> | | | | |
| ** If directional footage at Bottom Hole | | Dist.: <u>636</u> feet. | Direction: <u>FNL</u> Dist.: <u>656</u> feet. Direction: <u>FEL</u> | | | | |
| Sec: <u>26</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: _____ | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) <u>06/04/2010</u> 13. Date TD: <u>06/12/2010</u> 14. Date Casing Set or D&A: <u>06/13/2010</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>8163</u> | TVD** <u>7993</u> | 17 Plug Back Total Depth MD _____ | TVD** _____ | | | | |
| 18. Elevations GR <u>5554</u> | KB <u>5578</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>RPM 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 | 65 | 24 | | 65 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 1,180 | 320 | | 1,180 | VISU |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 8,153 | 3,125 | 3,030 | 8,153 | 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 | 4,376 | | <input type="checkbox"/> | <input type="checkbox"/> | SURFACE PRESSURE=0# |
| CAMEO | 7,260 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,107 | | <input type="checkbox"/> | <input type="checkbox"/> | WAITING ON COMPLETION |

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SNADRA SALAZAR

Title: PERMIT TECHNICIAN Date: 9/30/2010 Email: SNADRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2584726 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2584725 | 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> | | | | | |
| 2584723 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 2584724 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)