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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: 2556969 | 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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion | | | | | | | |
| 1. OGCC Operator Number: 96850 | | 4. Contact Name: SANDRA SALAZAR | | | | | |
| 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC | | Phone: (303) 6298456 | | | | | |
| 3. Address: 1001 17TH STREET - SUITE #1200 | | Fax: (303) 6298272 | | | | | |
| City: DENVER | State: CO | Zip: 80202 | | | | | |
| 5. API Number 05-045-15511-00 | | 6. County: GARFIELD | | | | | |
| 7. Well Name: SAVAGE | | Well Number: PA513-4 | | | | | |
| 8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6 | | | | | | | |
| Footage at surface: Distance: 1519 feet Direction: FSL Distance: 1440 feet Direction: FWL | | | | | | | |
| As Drilled Latitude: 39.463515 | As Drilled Longitude: -108.006894 | | | | | | |
| GPS Data: | | | | | | | |
| Data of Measurement: 06/09/2008 PDOP Reading: 2.2 GPS Instrument Operator's Name: JACK KIRKPATRICK | | | | | | | |
| ** If directional footage at Top of Prod. Zone Dist.: 1529 feet. Direction: FSL Dist.: 164 feet. Direction: FWL | | | | | | | |
| Sec: 4 Twp: 7S Rng: 95W | | | | | | | |
| ** If directional footage at Bottom Hole Dist.: 1523 feet. Direction: FSL Dist.: 161 feet. Direction: FWL | | | | | | | |
| Sec: 4 Twp: 7S Rng: 95W | | | | | | | |
| 9. Field Name: PARACHUTE | | 10. Field Number: 67350 | | | | | |
| 11. Federal, Indian or State Lease Number: CACOC1015 | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) 11/29/2008 13. Date TD: 12/08/2008 14. Date Casing Set or D&A: 12/09/2009 | | | | | | | |
| 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 6980 TVD** 6778 | | 17 Plug Back Total Depth MD 6926 TVD** 6724 | | | | | |
| 18. Elevations GR 5585 KB 5608 | | 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, RESERVOIR MONITOR TOOL ELITE | | | | | | | |

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 | 69 | 26 | 0 | 69 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 908 | 256 | 0 | 908 | VISU |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,960 | 1,012 | 2,890 | 6,960 | 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 | 1,633 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 3,860 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,047 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,970 | | <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 SALZAR

Title: PERMIT TECHNICIAN Date: 6/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2556971 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2556970 | 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> | | | |
| 2556969 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|-------------------------------------|--------------------------|
| Permit | DIGITAL CBL AND RMTE LOGS COMBINED. | 10/21/2010 1:06:00 PM |

Total: 1 comment(s)

Date Run: 6/3/2011 Doc [#2556969] Well Name: SAVAGE PA513-4

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