


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <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:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2590872</div>	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 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) 629-8456					
3. Address:    1001 17TH STREET - SUITE #1200		Fax:    (303) 629-8268					
City:    DENVER	State:    CO	Zip:    80202					
5. API Number    05-045-17721-00		6. County:    GARFIELD					
7. Well Name:    DIAZ		Well Number:    RWF 331-25					
8. Location:    QtrQtr:    SENE    Section:    25    Township:    6S    Range:    94W    Meridian:    6							
Footage at surface:    Distance:    1569    feet    Direction:    FNL    Distance:    674    feet    Direction:    FEL							
As Drilled Latitude:    39.499698    As Drilled Longitude:    -107.829330							
GPS Data: Data of Measurement:    07/20/2009    PDOP Reading:    2.3    GPS Instrument Operator's Name:    WAYNE KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.:    546    feet. Direction:    FNL    Dist.:    2036    feet. Direction:    FEL					
Sec:    25    Twp:    6S    Rng:    94W							
** If directional footage at Bottom Hole		Dist.:    553    feet. Direction:    FNL    Dist.:    2026    feet. Direction:    FEL					
Sec:    25    Twp:    6S    Rng:    94W							
9. Field Name:    RULISON		10. Field Number:    75400					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    08/06/2009    13. Date TD:    08/14/2009    14. Date Casing Set or D&A:    08/16/2009							
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    8933    TVD**    8662		17 Plug Back Total Depth    MD    8740    TVD**    8469					
18. Elevations    GR    6006    KB    6032		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, RPM							
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	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	8,918	854	3,640	8,918	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	2,224		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,023		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,966		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,826		<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: 10/8/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2590874	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2590873	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>					
2590872	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)