

**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



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Document Number:  
  
2590935

**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 05-045-17807-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: RWF 422-19  
 8. Location: QtrQtr: NWSW Section: 19 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 2591 feet Direction: FSL Distance: 149 feet Direction: FWL  
 As Drilled Latitude: 39.510270 As Drilled Longitude: -107.937704

GPS Data:

Data of Measurement: 06/02/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: TIM BURNETT

\*\* If directional footage at Top of Prod. Zone Dist.: 1971 feet. Direction: FNL Dist.: 1300 feet. Direction: FWL  
 Sec: 19 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1990 feet. Direction: FNL Dist.: 1278 feet. Direction: FWL  
 Sec: 19 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC06160

12. Spud Date: (when the 1st bit hit the dirt) 09/16/2009 13. Date TD: 09/24/2009 14. Date Casing Set or D&A: 09/27/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8702 TVD\*\* 8525 17 Plug Back Total Depth MD 8656 TVD\*\* 8479

18. Elevations GR 5822 KB 5844

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:

SP/GR/HDIL.ZDL/CN AND CBL

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	60	22	0	60	VISU
SURF	13+1/2	9+5/8		0	1,141	320	0	1,141	VISU
1ST	8+3/4	4+1/2		0	8,683	1,265	4,330	8,683	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	2,517		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESUSRE = 0#
MESAVERDE	5,085		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,667		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,591		<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: 10/27/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2590937	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590936	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>			
2590935	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)