

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



DE ET OE ES

Document Number:
2590945

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 05-045-16326-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 33-4
8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 94W Meridian: 6
Footage at surface: Distance: 665 feet Direction: FSL Distance: 2060 feet Direction: FEL
As Drilled Latitude: 39.461820 As Drilled Longitude: -107.890370

GPS Data:

Data of Measurement: 04/08/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2408 feet. Direction: FSL Dist.: 1974 feet. Direction: FEL
Sec: 4 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2416 feet. Direction: FSL Dist.: 1974 feet. Direction: FEL
Sec: 4 Twp: 7S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: C46030

12. Spud Date: (when the 1st bit hit the dirt) 05/10/2009 13. Date TD: 05/19/2009 14. Date Casing Set or D&A: 05/20/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8747 TVD** 8445 17 Plug Back Total Depth MD 8697 TVD** 8395

18. Elevations GR 6272 KB 6296

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:

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 | 1,149 | 320 | 0 | 1,149 | VISU |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 8,729 | 903 | 3,380 | 8,729 | 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 | 2,587 | | <input type="checkbox"/> | <input type="checkbox"/> | SURFACE PRESSURE = 0# |
| MESAVERDE | 5,141 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,688 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,607 | | <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> | | | |
| 2590947 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2590946 | 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> | | | |
| 2590945 | 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> |
|-------------------|-----------------------|----------------------|
| Permit | REC RPM LOG | 5/3/2011 3:44:41 PM |
| Permit | REQ HARD COPY RPM LOG | 4/28/2011 8:59:32 AM |

Total: 2 comment(s)