


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: 2584769	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) 629-8456					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 629-8272					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-16894-00		6. County: GARFIELD					
7. Well Name: SAVAGE		Well Number: RWF 332-34					
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6							
Footage at surface: Distance: 570 feet Direction: FSL Distance: 1886 feet Direction: FEL							
As Drilled Latitude: 39.476125	As Drilled Longitude: -107.871537						
GPS Data:							
Data of Measurement: 10/02/2008 PDOP Reading: 1.6 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone Dist.: 2421 feet. Direction: FNL Dist.: 2455 feet. Direction: FEL							
Sec: 34 Twp: 6S Rng: 94W							
** If directional footage at Bottom Hole Dist.: 2416 feet. Direction: FNL Dist.: 2442 feet. Direction: FEL							
Sec: 34 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) 03/05/2010 13. Date TD: 03/13/2010 14. Date Casing Set or D&A: 03/14/2010							
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 8199 TVD** 7629		17 Plug Back Total Depth MD 8145 TVD** 7575					
18. Elevations GR 5626 KB 5650		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	90	34	0	90	VISU
SURF	13+1/2	9+5/8		0	2,115	365	0	2,115	VISU
1ST	8+3/4	4+1/2		0	8,179	1,235	2,450	8,179	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	1,817		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE=0#
MESAVERDE	4,681		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,385		<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: SNADRA SALAZAR

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2584771	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2584770	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>					
2584769	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC RPM LOG	4/26/2011 10:30:04 AM
Permit	req hard copy RPM log	4/19/2011 2:16:56 PM

Total: 2 comment(s)