

**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:  
  
2584779

**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 05-045-16903-00 6. County: GARFIELD  
 7. Well Name: SAVAGE Well Number: RWF 34-34  
 8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 543 feet Direction: FSL Distance: 1902 feet Direction: FEL  
 As Drilled Latitude: 39.476050 As Drilled Longitude: -107.871594

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.: 1193 feet. Direction: FSL Dist.: 1942 feet. Direction: FEL  
 Sec: 34 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1166 feet. Direction: FSL Dist.: 1951 feet. Direction: FEL  
 Sec: 34 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: CACOC60596

12. Spud Date: (when the 1st bit hit the dirt) 12/23/2009 13. Date TD: 01/10/2010 14. Date Casing Set or D&A: 01/11/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7762 TVD\*\* 7717 17 Plug Back Total Depth MD 7728 TVD\*\* 7684

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	65	24		65	VISU
SURF	13+1/2	9+5/8		0	1,186	330	0	1,186	VISU
1ST	8+3/4	4+1/2		0	7,753	1,245	3,100	7,753	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	1,637		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE-0#
MESAVERDE	4,134		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,837		<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: 9/30/2010 Email: SNADRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2584782	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2584781	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>			
2584779	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC RPM LOG	4/26/2011 10:41:32 AM
Permit	REQ HARD COPY RPM LOG	4/19/2011 2:26:06 PM

Total: 2 comment(s)