


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2591663</div>	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) 629-8268					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-17330-00		6. County: GARFIELD					
7. Well Name: SAVAGE		Well Number: RWF 532-26					
8. Location: QtrQtr: SENE Section: 26 Township: 6S Range: 94W Meridian: 6							
Footage at surface: Distance: 1865 feet Direction: FNL Distance: 1263 feet Direction: FEL							
As Drilled Latitude: 39.498585 As Drilled Longitude: -107.850558							
GPS Data: Data of Measurement: 01/21/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.: 2363 feet. Direction: FNL Dist.: 2013 feet. Direction: FEL					
Sec: 26 Twp: 6S Rng: 94W							
** If directional footage at Bottom Hole		Dist.: 2370 feet. Direction: FNL Dist.: 2022 feet. Direction: FEL					
Sec: 26 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) 04/04/2010 13. Date TD: 04/10/2010 14. Date Casing Set or D&A: 04/11/2010							
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 7952 TVD** 7686		17 Plug Back Total Depth MD 7898 TVD** 7814					
18. Elevations GR 5554 KB 5578		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	100	37	0	100	VISU
SURF	13+1/2	9+5/8		0	1,132	330	0	1,132	VISU
1ST	8+3/4	4+1/2		0	7,929	1,275	2,325	7,929	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	1,641		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,261		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,081		<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: 11/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591665	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591664	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>					
2591663	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 PRM & CBL LOGS DOC# 1800523, 1800259	5/9/2011 12:24:43 PM
Permit	REQ CBL AND RPM LOGS	5/3/2011 2:40:26 PM

Total: 2 comment(s)