

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:
1635176

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 05-045-18259-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: NER 433-32
 8. Location: QtrQtr: NENW Section: 5 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 153 feet Direction: FNL Distance: 2594 feet Direction: FWL
 As Drilled Latitude: 39.474937 As Drilled Longitude: -107.798837

GPS Data:
Data of Measurement: 06/09/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1774 feet. Direction: FSL Dist.: 1758 feet. Direction: FWL
 Sec: 32 Twp: 6S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1748 feet. Direction: FSL Dist.: 1770 feet. Direction: FWL
 Sec: 32 Twp: 6S Rng: 93W

9. Field Name: RULISON 10. Field Number: 75400
 11. Federal, Indian or State Lease Number: COC41916

12. Spud Date: (when the 1st bit hit the dirt) 09/05/2010 13. Date TD: 09/14/2010 14. Date Casing Set or D&A: 09/16/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10420 TVD** 10059 17 Plug Back Total Depth MD 10371 TVD** 10010

18. Elevations GR 7604 KB 7630 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/RPM AND CBL

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	40	15	0	40	VISU
SURF	13+1/2	9+5/8		0	1,160	320	0	1,160	VISU
1ST	8+3/4	4+1/2		0	10,405	1,050	4,600	10,405	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	
WASATCH G	3,667		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,550		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,470		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,318		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

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: PERMITTING

Date: 3/28/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1635178	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1635177	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>			
1635176	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)