

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:  
1635186

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  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC  
3. Address: 1001 17TH STREET - SUITE #1200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-18260-00  
6. County: GARFIELD  
7. Well Name: FEDERAL  
Well Number: RU 31-5  
8. Location: QtrQtr: NENW Section: 5 Township: 7S Range: 93W Meridian: 6  
Footage at surface: Distance: 197 feet Direction: FNL Distance: 2607 feet Direction: FWL  
As Drilled Latitude: 39.474819 As Drilled Longitude: -107.798791

GPS Data:

Date of Measurement: 06/09/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 173 feet. Direction: FNL Dist.: 1768 feet. Direction: FEL

Sec: 5 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 184 feet. Direction: FNL Dist.: 1778 feet. Direction: FEL

Sec: 5 Twp: 7S 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) 10/01/2011 13. Date TD: 10/09/2010 14. Date Casing Set or D&A: 10/11/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10025 TVD\*\* 9971 17 Plug Back Total Depth MD 9975 TVD\*\* 9921

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:

PLATFORM EXPRESS

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	1,133	320	0	1,133	VISU
1ST	8+3/4	4+1/2		0	10,010	1,030	4,850	10,010	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	3,592		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,286		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,070		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,943		<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>			
1635188	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1635187	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>			
1635186	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>

Total: 0 comment(s)