

FORM  
5Rev  
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:

1635191

## 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 05-045-17806-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: RWF 312-19  
8. Location: QtrQtr: NWSW Section: 19 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 2603 feet Direction: FSL Distance: 140 feet Direction: FWL  
As Drilled Latitude: 39.510303 As Drilled Longitude: -107.937738

## GPS Data:

Data of Measurement: 06/02/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: TIM BARNETT

\*\* If directional footage at Top of Prod. Zone Dist.: 1566 feet. Direction: FNL Dist.: 258 feet. Direction: FWL

Sec: 19 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1587 feet. Direction: FNL Dist.: 261 feet. Direction: FWL

Sec: 19 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: COC62160

12. Spud Date: (when the 1st bit hit the dirt) 08/23/2009 13. Date TD: 09/03/2009 14. Date Casing Set or D&amp;A: 09/05/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8648 TVD\*\* 8527 17 Plug Back Total Depth MD 8596 TVD\*\* 8475

18. Elevations GR 5822 KB 5844

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 AND CBL AND MUD

## 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	60	22	0	45	VISU
SURF	13+1/2	9+5/8		0	1,159	320	0	1,159	VISU
1ST	8+3/4	4+1/2		0	8,624	1,225	3,425	8,624	CBL

**ADDITIONAL CEMENT**

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,700	435	3,425	6,701

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	2,537		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,035		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,600		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,567		<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: 3/24/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635193	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1635192	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>					
1635191	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)