

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
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Document Number:

1633996

## 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) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17782-00

6. County: GARFIELD

7. Well Name: SAVAGE

Well Number: RWF 23-27

8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1647 feet Direction: FSL Distance: 1864 feet Direction: FEL

As Drilled Latitude: 39.493498 As Drilled Longitude: -107.871453

## GPS Data:

Data of Measurement: 07/24/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: DON MEFFORD

\*\* If directional footage at Top of Prod. Zone Dist.: 1383 feet. Direction: FSL Dist.: 2470 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1387 feet. Direction: FSL Dist.: 2483 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: CACOC57575

12. Spud Date: (when the 1st bit hit the dirt) 08/25/2009 13. Date TD: 09/01/2009 14. Date Casing Set or D&amp;A: 09/02/2009

## 15. Well Classification:

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

16. Total Depth MD 7720 TVD\*\* 7617 17 Plug Back Total Depth MD 7674 TVD\*\* 7571

18. Elevations GR 5258 KB 5282

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	102	38	0	45	VISU
SURF	13+1/2	9+5/8		0	1,145	320	0	1,145	VISU
1ST	7+7/8	4+1/2		0	7,708	1,050	2,540	7,708	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	1,392		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,906		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,651		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,583		<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: 1/12/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1633998	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1633997	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>					
1633996	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)