

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:
1634031

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 05-045-17783-00
6. County: GARFIELD
7. Well Name: SAVAGE
Well Number: RWF 343-27
8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 1662 feet Direction: FNL Distance: 1827 feet Direction: FEL
As Drilled Latitude: 39.493540 As Drilled Longitude: -107.871328

GPS Data:
Date of Measurement: 07/24/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: DON MEFFORD

** If directional footage at Top of Prod. Zone Dist.: 2301 feet. Direction: FSL Dist.: 739 feet. Direction: FEL
Sec: 27 Twp: 6S Rng: 94W
** If directional footage at Bottom Hole Dist.: 2325 feet. Direction: FSL Dist.: 685 feet. Direction: FEL
Sec: 27 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: CACOC56657

12. Spud Date: (when the 1st bit hit the dirt) 09/02/2009 13. Date TD: 09/07/2009 14. Date Casing Set or D&A: 09/08/2009

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

16. Total Depth MD 7844 TVD** 7657 17 Plug Back Total Depth MD 7788 TVD** 7601

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:
CBL AND RPM

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	1,130	320	0	1,130	VISU
1ST	7+7/8	4+1/2		0	7,822	1,040	2,480	7,822	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	1,350		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,986		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,762		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,723		<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: 1/31/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1634033	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1634032	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>			
1634031	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	7/27/11 RPM Doc. #1669707 received, not scanned yet. NKP	7/28/2011 8:33:26 AM
Permit	No paper resistivity log. NKP	7/12/2011 5:16:24 PM

Total: 2 comment(s)