

**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:

1633986

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 05-045-17198-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 524-28
8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 444 feet Direction: FSL Distance: 690 feet Direction: FWL
As Drilled Latitude: 39.490313 As Drilled Longitude: -107.899612

GPS Data:

Data of Measurement: 07/01/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1013 feet. Direction: FSL Dist.: 1903 feet. Direction: FWL
Sec: 28 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 993 feet. Direction: FSL Dist.: 1895 feet. Direction: FWL
Sec: 28 Twp: 6S Rng: 94W

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

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/02/2009 13. Date TD: 05/13/2009 14. Date Casing Set or D&A: 05/14/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8107 TVD** 7892 17 Plug Back Total Depth MD 8047 TVD** 783218. Elevations GR 5541 KB 5563

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, RESEVOIR MONITOR TOOL ELITE

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	1,145	320	0	1,145	VISU
1ST	8+3/4	4+1/2		0	8,076	1,267	3,070	8,076	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	1,828		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,408		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,133		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,976		<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>					
1633988	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1633987	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>					
1633986	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. #1669710 received - not scanned yet. NKP	7/28/2011 8:10:22 AM
Permit	Paper resistivity log is missing. NKP	7/12/2011 9:42:18 AM

Total: 2 comment(s)