

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



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Document Number:

1634340

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: <u>96850</u>	4. Contact Name: <u>SANDRA SALAZAR</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19346-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Burchfield</u>	Well Number: <u>RWF 44-32</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>32</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1125</u> feet Direction: <u>FSL</u>	Distance: <u>1140</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>39.477439</u>	As Drilled Longitude: <u>-107.905590</u>

GPS Data:

Data of Measurement: 07/20/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: 32 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 578 feet. Direction: FSL Dist.: 764 feet. Direction: FEL

Sec: 32 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) 11/28/2010 13. Date TD: 12/07/2010 14. Date Casing Set or D&A: 12/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8362 TVD** 8323 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 6014 KB 6040

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:

RPM 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	84	33	0	84	VISU
SURF	13+1/2	9+5/8		0	1,113	320	0	1,113	VISU
1ST	8+3/4	4+1/2		0	8,316	1,275	3,350	8,316	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	2,378		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,821		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,285		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,213		<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 TECHNICAN Date: 2/28/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1634342	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1634341	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"/>
Other Attachments			
1634340	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1634343	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	7/28/11 RPM #2202000 received, no scanned yet. Directional survey profiles will be submitted with Final Form 5. NKP	7/28/2011 1:06:55 PM
Permit	Paper RPM log not yet received. Directional Survey is incomplete (no map/cross sectional view). NKP	7/25/2011 4:35:43 PM

Total: 2 comment(s)