

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:  
1636545

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 05-045-18031-00 6. County: GARFIELD  
 7. Well Name: savage Well Number: RWF 424-35  
 8. Location: QtrQtr: SWSW Section: 35 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 574 feet Direction: FSL Distance: 595 feet Direction: FWL  
 As Drilled Latitude: 39.476199 As Drilled Longitude: -107.862751

GPS Data:

Data of Measurement: 09/29/2009 PDOP Reading: 3.3 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 312 feet. Direction: FSL Dist.: 2116 feet. Direction: FWL

Sec: 35 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 305 feet. Direction: FSL Dist.: 2107 feet. Direction: FWL

Sec: 35 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400  
 11. Federal, Indian or State Lease Number: COC128379

12. Spud Date: (when the 1st bit hit the dirt) 06/24/2010 13. Date TD: 07/02/2010 14. Date Casing Set or D&A: 07/04/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8151 TVD\*\* 7905 17 Plug Back Total Depth MD 8119 TVD\*\* 7873

18. Elevations GR 5806 KB 5830

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, MUD AND CBL

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	65	24	0	65	VISU
SURF	13+1/2	9+5/8		0	2,019	560	0	2,019	VISU
1ST	8+3/4	4+1/2		0	8,153	1,320	800	8,153	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	
MESAVERDE	4,428		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,095		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,012		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 4/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1636547	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1636546	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"/>
<b>Other Attachments</b>			
1636545	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)