FORM 5			
DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission

FORM 5
Rev 02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:

1636431

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   [X] 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   05-045-18033-00
6. County: GARFIELD
7. Well Name: SAVAGE   Well Number: RWF 324-35
8. Location: QtrQtr: SWSW   Section: 35   Township: 6S   Range: 94W   Meridian: 6
   Footage at surface: Distance: 577   feet   Direction: FSL   Distance: 602   feet   Direction: FWL
   As Drilled Latitude: 39.476205   As Drilled Longitude: -107.862726

GPS Data:

   Data of Measurement: 09/29/2009   PDOP Reading: 2.3   GPS Instrument Operator's Name: WAYNE KIRKPATRICK

   ** If directional footage at Top of Prod. Zone   Dist.:   1027   feet. Direction: FSL   Dist.:   2289   feet. Direction: FWL
                      Sec: 35   Twp: 6S   Rng: 94W
   ** If directional footage at Bottom Hole   Dist.:   1035   feet. Direction: FSL   Dist.:   2338   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)   07/04/2010   13. Date TD: 07/16/2010   14. Date Casing Set or D&A: 07/17/2010

15. Well Classification:

[ ] Dry   [ ] Oil   [X] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD   8350   TVD**   7992   17 Plug Back Total Depth   MD   8295   TVD**   7937

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	61	23	0	61	VISU
SURF	13+1/2	9+5/8		0	2,096	580	0	2,096	VISU
1ST	8+3/4	4+1/2		0	8,329	1,320	2,878	8,329	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	4,565		☐	☐	
CAMEO	7,274		☐	☐	
ROLLINS	8,186		☐	☐	

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 ?
Attachment Checklist		
1636433	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
1636432	Directional Survey **	Yes ☒ No ☐
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒
Other Attachments		
1636431	FORM 5 SUBMITTED	Yes ☒ No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)