

**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:

2587306

**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 05-045-16886-00

6. County: GARFIELD

7. Well Name: SAVAGE

Well Number: RMV 149-26

8. Location: QtrQtr: SENW Section: 26 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2380 feet Direction: FNL Distance: 1785 feet Direction: FWL

As Drilled Latitude: 39.497073 As Drilled Longitude: -107.858546

## GPS Data:

Data of Measurement: 09/05/2008 PDOP Reading: 1.7 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1721 feet. Direction: FNL Dist.: 502 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1727 feet. Direction: FNL Dist.: 499 feet. Direction: FWL

Sec: 26 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) 10/23/2008 13. Date TD: 11/03/2008 14. Date Casing Set or D&amp;A: 11/04/2008

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7960 TVD\*\* 7683 17 Plug Back Total Depth MD 7887 TVD\*\* 7610

18. Elevations GR 5321 KB 5345

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, MUD, CHI TRIPLE COMBO, AI-RTAP

## 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             | 45            | 25        | 0       | 45      | VISU   |
| SURF        | 13+1/2       | 9+5/8          |       | 0             | 1,138         | 315       | 0       | 1,138   | VISU   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 7,967         | 1,120     | 3,280   | 7,967   | 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                    |   |
| GREELEY SAND   | 1,420          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 4,195          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 6,955          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,849          |        | <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: 3/30/2009 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 2587308                     | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 2587307                     | 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>    |                       |            |                                     |    |                                     |
| 2587306                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)