

**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:  
  
2537329

**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 05-045-15678-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: RWF 431-17  
 8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 2230 feet Direction: FNL Distance: 495 feet Direction: FEL  
 As Drilled Latitude: 39.526350 As Drilled Longitude: -107.904713

GPS Data:

Date of Measurement: 07/07/2008 PDOP Reading: 5.3 GPS Instrument Operator's Name: TANNER NIERS

\*\* If directional footage at Top of Prod. Zone Dist.: 786 feet. Direction: FNL Dist.: 1953 feet. Direction: FEL

Sec: 17 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 787 feet. Direction: FNL Dist.: 1969 feet. Direction: FEL

Sec: 17 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400  
 11. Federal, Indian or State Lease Number: COC62160

12. Spud Date: (when the 1st bit hit the dirt) 06/12/2009 13. Date TD: 06/28/2009 14. Date Casing Set or D&A: 06/29/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8864 TVD\*\* 8460 17 Plug Back Total Depth MD 8796 TVD\*\* 8392

18. Elevations GR 5816 KB 5838

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, HIGH RESOLUTION INDUCTION, SOPECTRAL DENSITY, DUAL SPACED NEUTRON

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	1,129	320	0	1,129	VISU
1ST	8+3/4	4+1/2		0	8,850	1,228	3,810	8,850	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,760	100	6,580	6,760

Details of work:

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	2,327		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,160		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,013		<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 II Date: 6/6/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
2537329	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold--rec'd surf. cmt. summ. and final DS.	11/21/2011 10:28:22 AM
Permit	PDF of CBL in file; couldn't locate surf. cmt. summ. although prelim form 5 #2610730 approved. req'd cmt. info and final DS.	11/18/2011 3:49:02 PM
Permit	REQ'D PAPER CBL.	8/10/2011 1:45:21 PM

Total: 3 comment(s)