

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1687487

Date Received:

07/15/2009

## 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

Phone: (303) 572-3900

3. Address: 1515 ARAPAHOE ST STE 100

Fax: (303) 629-8265

City: DENVER State: CO Zip: 80202

5. API Number 05-045-13924-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: RWF 541-11

8. Location: QtrQtr: SWNE Section: 11 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1335 feet Direction: FNL Distance: 1420 feet Direction: FEL

As Drilled Latitude: 39.543894 As Drilled Longitude: -107.851142

## GPS Data:

Data of Measurement: 03/12/2008 PDOP Reading: 3.4 GPS Instrument Operator's Name: LAUREN VANCE

\*\* If directional footage at Top of Prod. Zone Dist.: 195 feet. Direction: FNL Dist.: 547 feet. Direction: FEL

Sec: 11 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 192 feet. Direction: FNL Dist.: 574 feet. Direction: FEL

Sec: 11 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC27869

12. Spud Date: (when the 1st bit hit the dirt) 08/01/2007 13. Date TD: 08/18/2007 14. Date Casing Set or D&amp;A: 08/19/2007

## 15. Well Classification:

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

16. Total Depth MD 9128 TVD\*\* 8946 17 Plug Back Total Depth MD 9050 TVD\*\* 8868

18. Elevations GR 5618 KB 5642

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, RMTE

## 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	
SURF	13+1/2	9+5/8		0	2,716	598	0	2,716	
1ST	7+7/8	4+1/2		0	9,107	1,360	4,240	9,107	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
WASATCH G	2,458		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,178		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,027		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,994		<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: YPrint Name: SANDRA.SALAZAR`Title: PERMIT TECHDate: 6/30/2009Email: SANDRA.SALAZAR@WPXENERGY.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2621212	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"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)