

FORM
5Rev
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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| DE | ET | OE | ES |
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Document Number:

2587034

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 05-045-19636-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: RWF 432-3

8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 604 feet Direction: FSL Distance: 1851 feet Direction: FEL

As Drilled Latitude: 39.476223 As Drilled Longitude: -107.871415

GPS Data:

Data of Measurement: 01/29/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1762 feet. Direction: FNL Dist.: 1960 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1747 feet. Direction: FNL Dist.: 1946 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 0007506

12. Spud Date: (when the 1st bit hit the dirt) 02/28/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/09/2011

15. Well Classification:

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

16. Total Depth MD 8446 TVD** 7754 17 Plug Back Total Depth MD 8390 TVD** 7698

18. Elevations GR 5626 KB 5652

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 AND RPM

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 | 75 | 28 | 0 | 75 | VISU |
| SURF | 13+1/2 | 9+5/8 | | 0 | 1,954 | 490 | 0 | 1,954 | VISU |
| 1ST | 8+3/4 | 4+1/2 | | 0 | 8,436 | 1,315 | 3,600 | 8,436 | 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 | 4,781 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,469 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,321 | | <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: 5/31/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2587036 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2587035 | 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> | | | | | |
| 2587034 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|-----------------|--------------------------|
| Permit | REQ'D LAS LOGS. | 8/17/2011 10:13:04 AM |

Total: 1 comment(s)