

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:

400259914

Date Received:

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: Julie Lawson
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19748-00 6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 313-27
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1139 feet Direction: FSL Distance: 2486 feet Direction: FWL
As Drilled Latitude: 39.491058 As Drilled Longitude: -108.095275

GPS Data:

Data of Measurement: 11/01/2010 PDOP Reading: 3.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2042 feet. Direction: FSL Dist.: 622 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2034 feet. Direction: FSL Dist.: 599 feet. Direction: FWL

Sec: 27 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC 027743

12. Spud Date: (when the 1st bit hit the dirt) 05/19/2011 13. Date TD: 05/24/2011 14. Date Casing Set or D&A: 05/27/2011

15. Well Classification:

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

16. Total Depth MD 7433 TVD** 6929 17 Plug Back Total Depth MD 7384 TVD** 6880

18. Elevations GR 5604 KB 5628

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 and CBL
Gamma Ray, High Definition Induction Log, Compensated Z-Densilog, Compensated Neutron Log, 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 | 48 | 0 | 62 | 23 | 0 | 62 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 1,224 | 320 | 0 | 1,224 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,414 | 1,000 | 3,112 | 7,414 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/pref 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 | 2,252 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,237 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,933 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,321 | | <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: Julie Lawson

Title: Permit Technician II Date: _____ Email: julie.lawson@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400259960 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400259939 | 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"/> |
| 400259957 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400259958 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)