

**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:

400267487

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: Matt Barber

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-103-11488-00

6. County: RIO BLANCO

7. Well Name: Federal RGU

Well Number: 322-6-297

8. Location: QtrQtr: NESW Section: 6 Township: 2S Range: 97W Meridian: 6

Footage at surface: Distance: 2453 feet Direction: FSL Distance: 2193 feet Direction: FWL

As Drilled Latitude: 39.904843 As Drilled Longitude: -108.325474

## GPS Data:

Date of Measurement: 02/08/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: James Seal

\*\* If directional footage at Top of Prod. Zone Dist.: 1853 feet. Direction: FNL Dist.: 1975 feet. Direction: FWL

Sec: 6 Twp: 2S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1854 feet. Direction: FNL Dist.: 1959 feet. Direction: FWL

Sec: 6 Twp: 2S Rng: 97W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC062046

12. Spud Date: (when the 1st bit hit the dirt) 10/04/2010 13. Date TD: 10/18/2010 14. Date Casing Set or D&amp;A: 10/21/2010

## 15. Well Classification:

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

16. Total Depth MD 12200 TVD\*\* 12123 17 Plug Back Total Depth MD 12077 TVD\*\* 12000

18. Elevations GR 6222 KB 6250

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:

Platform Express, 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	48	0	80	135	0	80	VISU
SURF	14+3/4	9+5/8	36	0	3,120	1,588	0	3,120	VISU
1ST	8+3/4	4+1/2	11.6	0	12,165	1,500	3,100	12,165	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	5,143		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,190		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,328		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,932		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,088		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,308		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,664		<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: Matt BarberTitle: Sr. Regulatory Specialist

Date: \_\_\_\_\_

Email: matt.barber@wpenergy.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"/>
	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"/>
<u>Other Attachments</u>					
400267592	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

--	--	--

Total: 0 comment(s)