

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:

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&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 Barber

Title: 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)