

**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:

400270270

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 05-045-20476-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 423-23

8. Location: QtrQtr: NWSW Section: 23 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1808 feet Direction: FSL Distance: 859 feet Direction: FWL

As Drilled Latitude: 39.506235 As Drilled Longitude: -108.083088

GPS Data:

Data of Measurement: 04/13/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1917 feet. Direction: FSL Dist.: 2230 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1912 feet. Direction: FSL Dist.: 2221 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC34553

12. Spud Date: (when the 1st bit hit the dirt) 09/21/2011 13. Date TD: 09/27/2011 14. Date Casing Set or D&A: 09/28/2011

15. Well Classification:

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

16. Total Depth MD 7821 TVD** 7638 17 Plug Back Total Depth MD 7776 TVD** 7593

18. Elevations GR 5974 KB 6000

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

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	26	18	48	0	84	31	0	84	VISU
SURF	13+1/2	9+5/8	32.3	0	855	250	0	855	VISU
1ST	7+7/8	4+1/2	11.6	0	7,805	1,020	3,192	7,805	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	2,535		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,545		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,146		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,713		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

Surface pressure = 5

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 Tech II

Date:

Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400270297	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400270294	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"/>
400270300	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400270299	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

--	--	--

Total: 0 comment(s)