

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2285461

Date Received:

10/24/2011

## 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: WPX ENERGY ROCKY MOUNTAIN 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 05-045-19644-00 6. County: GARFIELD  
 7. Well Name: Savage Well Number: RWF 441-3  
 8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 644 feet Direction: FSL Distance: 1806 feet Direction: FEL  
 As Drilled Latitude: 39.476332 As Drilled Longitude: -107.871257

## GPS Data:

Data of Measurement: 11/05/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: JACK KIRKPATRICK\*\* If directional footage at Top of Prod. Zone Dist.: 953 feet. Direction: FNL Dist.: 645 feet. Direction: FELSec: 3 Twp: 7S Rng: 94W\*\* If directional footage at Bottom Hole Dist.: 985 feet. Direction: FNL Dist.: 612 feet. Direction: FELSec: 3 Twp: 7S Rng: 94W9. Field Name: RULISON 10. Field Number: 7540011. Federal, Indian or State Lease Number: COC 000750612. Spud Date: (when the 1st bit hit the dirt) 04/20/2011 13. Date TD: 04/28/2011 14. Date Casing Set or D&A: 04/28/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8118 TVD\*\* 7645 17 Plug Back Total Depth MD 8076 TVD\*\* 760318. 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:

RPM AND CBL, MUD

## 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	1,996	510	0	1,996	VISU
1ST	8+3/4	4+1/2		0	8,108	1,285	3,470	8,108	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 G	1,596		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,548		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,193		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,045		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2285465

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

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: PERMITTING

Date: 9/30/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285463	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285462	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>					
2285461	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	approved w/out paper RPM log--WPX submitting soon.	4/18/2012 11:25:30 AM
Permit	MISSING RPM LOG - NOT REQUESTED PER J.S., REQ MWD/FMI LOGS	12/5/2011 11:24:29 AM

Total: 2 comment(s)