

FORM
5
Rev
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



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Document Number:
2287624

Date Received:
02/24/2012

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: ANGELA NEIFERT-KRAISER
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8272
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20155-00 6. County: GARFIELD
 7. Well Name: T & T and Assoc. LTD Well Number: PA 542-7
 8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1219 feet Direction: FNL Distance: 1529 feet Direction: FWL
 As Drilled Latitude: 39.456406 As Drilled Longitude: -108.043594

GPS Data:
 Data of Measurement: 03/30/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2432 feet. Direction: FNL Dist.: 2017 feet. Direction: FEL
 Sec: 7 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 2456 feet. Direction: FNL Dist.: 1975 feet. Direction: FEL
 Sec: 7 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/14/2011 13. Date TD: 07/19/2011 14. Date Casing Set or D&A: 07/20/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6915 TVD** 6316 17 Plug Back Total Depth MD 6866 TVD** 6267

18. Elevations GR 5083 KB 5109 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:
CBL AND RESERVOIR PERFORMANCE MONITOR (RPM),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	26	18		0	83	45	0	83	VISU
SURF	13+1/2	9+5/8		0	1,304	320	0	1,304	VISU
1ST	8+3/4	4+1/2		0	6,900	1,015	3,050	6,900	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	1,684		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,809		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,314		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,794		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2287622

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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 2/6/2012 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2287626	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2287625	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"/>
Other Attachments			
2287624	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276990	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	all LAS logs rec'd. uploaded dir. data template. approved form 5 w/out paper RPM; WPX submitting soon.	4/26/2012 8:10:22 AM

Total: 1 comment(s)