

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:

2286741

Date Received:

01/03/2012

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) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19659-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 433-27

8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1971 feet Direction: FSL Distance: 1316 feet Direction: FEL

As Drilled Latitude: 39.493340 As Drilled Longitude: -108.089864

GPS Data:

Data of Measurement: 08/20/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2021 feet. Direction: FSL Dist.: 1104 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2022 feet. Direction: FSL Dist.: 1100 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: CA COC49009

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2010 13. Date TD: 01/07/2011 14. Date Casing Set or D&A: 01/08/2011

15. Well Classification:

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

16. Total Depth MD 7157 TVD** 7150 17 Plug Back Total Depth MD 7114 TVD** 7107

18. Elevations GR 5655 KB 5679

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	24	18		0	68	25	0	68	VISU
SURF	13+1/2	9+5/8		0	778	225	0	778	VISU
1ST	7+7/8	4+1/2		0	7,146	805	2,719	7,146	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	2,114		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,868		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,468		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,008		<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: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST

Date: 12/27/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286743	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286742	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>					
2286741	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400275641	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	all LAS logs rec'd. approved form 5 without paper RPM log. WPX submitting soon.	4/23/2012 3:35:36 PM
Permit	req'd dir. template, paper RPM	4/18/2012 1:17:06 PM

Total: 2 comment(s)