

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:

2287629

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 05-045-19394-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 422-29

8. Location: QtrQtr: SENE Section: 29 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 1638 feet Direction: FNL Distance: 1079 feet Direction: FEL

As Drilled Latitude: 39.497963 As Drilled Longitude: -108.016140

## GPS Data:

Data of Measurement: 11/05/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1897 feet. Direction: FNL Dist.: 1873 feet. Direction: FWL

Sec: 29 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1906 feet. Direction: FNL Dist.: 1857 feet. Direction: FWL

Sec: 29 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: 62162

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2011 13. Date TD: 06/11/2011 14. Date Casing Set or D&amp;A: 06/12/2011

## 15. Well Classification:

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

16. Total Depth MD 8441 TVD\*\* 7813 17 Plug Back Total Depth MD 8255 TVD\*\* 7627

18. Elevations GR 5895 KB 5921

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	130	49	0	130	VISU
SURF	13+1/2	9+5/8		0	2,819	660	0	2,819	VISU
1ST	8+3/4	4+1/2		0	8,424	965	3,830	8,424	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	2,560		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,007		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,757		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,348		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2287627

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: 2/1/2012

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287631	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287630	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>					
2287629	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400275632	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

Permit	added MUD to list of logs. all LAS logs rec'd. approved form 5 without paper RPM log. WPX submitting soon.	4/23/2012 3:28:02 PM
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Total: 1 comment(s)