

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



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Document Number:

2287897

Date Received:

03/12/2012

## 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: MATT BARBER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20150-00

6. County: GARFIELD

7. Well Name: T &amp; T and Assoc. LTD

Well Number: PA 342-7

8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1226 feet Direction: FNL Distance: 1558 feet Direction: FWL

As Drilled Latitude: 39.456423 As Drilled Longitude: -108.043698

## GPS Data:

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

\*\* If directional footage at Top of Prod. Zone Dist.: 1992 feet. Direction: FNL Dist.: 750 feet. Direction: FEL

Sec: 7 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1993 feet. Direction: FNL Dist.: 658 feet. Direction: FEL

Sec: 7 Twp: 7S Rng: 795W

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) 06/16/2011 13. Date TD: 06/22/2011 14. Date Casing Set or D&amp;A: 06/22/2011

## 15. Well Classification:

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

16. Total Depth MD 7458 TVD\*\* 6324 17 Plug Back Total Depth MD 7405 TVD\*\* 6271

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	24	18		0	80	30	80	63	VISU
SURF	13+1/2	9+5/8		0	1,607	400	0	1,607	VISU
1ST	8+3/4	4+1/2		0	7,440	1,045	3,330	7,440	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	2,091		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,291		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,871		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,351		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC # 2287900

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: MATT BARBER

Title: SR. REGULATORY SPECIALIST

Date: 2/6/2012

Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287899	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287898	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>					
2287897	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400280294	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. uploaded dir. template. approved form 5 w/out paper RPM since opr. is submitting soon.	5/3/2012 8:02:35 AM

Total: 1 comment(s)