

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:

400287627

Date Received:

## 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:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20272-00

6. County: GARFIELD

7. Well Name: CDOW

Well Number: KP 23-22

8. Location: QtrQtr: SENW Section: 22 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1588 feet Direction: FNL Distance: 1571 feet Direction: FWL

As Drilled Latitude: 39.516591 As Drilled Longitude: -107.544366

## GPS Data:

Date of Measurement: 05/11/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 2521 feet. Direction: FSL Dist.: 1968 feet. Direction: FWL

Sec: 22 Twp: 6s Rng: 91w

\*\* If directional footage at Bottom Hole Dist.: 2503 feet. Direction: FSL Dist.: 1959 feet. Direction: FWL

Sec: 22 Twp: 6s Rng: 91w

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2011 13. Date TD: 08/03/2011 14. Date Casing Set or D&amp;A: 08/04/2011

## 15. Well Classification:

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

16. Total Depth MD 7430 TVD\*\* 7221 17 Plug Back Total Depth MD 7375 TVD\*\* 7166

18. Elevations GR 7060 KB 7086

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:

SP/GR/HDIL/ZDL/CN and CBL &amp; mud log

## 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	48	0	126	48	0	126	VISU
SURF	13+1/2	9+5/8	32.3	0	915	260	0	915	VISU
1ST	7+7/8	4+1/2	11.6	0	7,407	1,165	2,050	7,407	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	
MESAVERDE	3,636		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,054		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,274		<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 Neifert-Kraiser

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: Angela.Neifert-Kraiser@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400287635	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400287634	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>					
400287637	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400287683	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)