

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:

400288989

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: 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 05-045-20263-00 6. County: GARFIELD  
 7. Well Name: CDOW Well Number: KP 431-22  
 8. Location: QtrQtr: SENW Section: 22 Township: 6S Range: 91W Meridian: 6  
 Footage at surface: Distance: 1548 feet Direction: FNL Distance: 1549 feet Direction: FWL  
 As Drilled Latitude: 39.516701 As Drilled Longitude: -107.544446

GPS Data:  
Date of Measurement: 05/07/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 783 feet. Direction: FNL Dist.: 2084 feet. Direction: FEL  
Sec: 22 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 769 feet. Direction: FNL Dist.: 2078 feet. Direction: FEL  
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) 06/19/2011 13. Date TD: 06/29/2011 14. Date Casing Set or D&A: 07/01/2011

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

16. Total Depth MD 7537 TVD\*\* 7109 17 Plug Back Total Depth MD 7456 TVD\*\* 7028

18. Elevations GR 6089 KB 6113 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/RPM and CBL

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	48#	0	81	35	0	81	CBL
SURF	13+1/2	9+5/8	32.3#	0	1,453	390	0	1,453	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,517	1,420	0	5,630	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	3,741		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,188		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,398		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to big rig spud date.

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: \_\_\_\_\_ Email: matt.barber@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400290330	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400290333	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"/>
400290329	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400290328	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)