

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



DE ET OE ES

Document Number:

400290202

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
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax:

5. API Number 05-045-19904-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 441-34
8. Location: QtrQtr: NWNE Section: 34 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1098 feet Direction: FNL Distance: 2190 feet Direction: FEL
As Drilled Latitude: 39.484923 As Drilled Longitude: -108.092936

GPS Data:

Data of Measurement: 12/07/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 765 feet. Direction: FNL Dist.: 378 feet. Direction: FEL

Sec: 34 Twp: 6s Rng: 96w

** If directional footage at Bottom Hole Dist.: 771 feet. Direction: FNL Dist.: 366 feet. Direction: FEL

Sec: 34 Twp: 6s Rng: 96w

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC27743

12. Spud Date: (when the 1st bit hit the dirt) 04/22/2011 13. Date TD: 04/27/2011 14. Date Casing Set or D&A: 04/28/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7385 TVD** 6996 17 Plug Back Total Depth MD 7334 TVD** 6995

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:

and Reservoir Performance Monitor (RPM) 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	66	24	0	66	VISU
SURF	13+1/2	9+5/8	32.3	0	1,256	340	0	1,256	VISU
1ST	7+7/8	4+1/2	11.6	0	7,369	1,010	2,602	7,369	

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	2,112		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,103		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,790		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,258		<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 ?	
Attachment Checklist			
400290226	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400292048	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"/>
Other Attachments			
400290219	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400290220	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)