

**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 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 05-045-19904-00 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: FELSec: 34 Twp: 6s Rng: 96w** If directional footage at Bottom Hole Dist.: 771 feet. Direction: FNL Dist.: 366 feet. Direction: FELSec: 34 Twp: 6s Rng: 96w9. Field Name: GRAND VALLEY 10. Field Number: 3129011. Federal, Indian or State Lease Number: COC2774312. 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 ☐ Observation16. Total Depth MD 7385 TVD** 6996 17 Plug Back Total Depth MD 7334 TVD** 699518. 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-KraiserTitle: Regulatory Specialist Date: _____ Email: Angela.Neifert-Kraiser@wpenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)