

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:

400281550

Date Received:

05/07/2012

## 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: Julie Lawson

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20657-00

6. County: GARFIELD

7. Well Name: Bosely

Well Number: SG 42-27

8. Location: QtrQtr: LOT3 Section: 27 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 2425 feet Direction: FSL Distance: 387 feet Direction: FEL

As Drilled Latitude: 39.407973 As Drilled Longitude: -108.088204

## GPS Data:

Date of Measurement: 12/06/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1627 feet. Direction: FNL Dist.: 564 feet. Direction: FEL

Sec: 27 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1611 feet. Direction: FNL Dist.: 572 feet. Direction: FEL

Sec: 27 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/01/2011 13. Date TD: 11/05/2011 14. Date Casing Set or D&amp;A: 11/05/2011

## 15. Well Classification:

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

16. Total Depth MD 5415 TVD\*\* 5094 17 Plug Back Total Depth MD 5387 TVD\*\* 5066

18. Elevations GR 5018 KB 5042

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/RPM &amp; Mud Logs

## 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             | 64            | 24        | 0       | 64      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 32.3  | 0             | 1,368         | 340       | 0       | 1,368   | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 5,415         | 985       | 1,590   | 5,415   | 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        | 592            |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 2,405          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 4,808          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 5,282          |        | <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 the big rig spud date.

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: Julie Lawson

Title: Permit Tech II

Date: 5/7/2012

Email: julie.lawson@wpenergy.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400281562                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400281559                   | 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"/> |
| 400281563                   | Other                 | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400281550                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400281560                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

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

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Total: 0 comment(s)