

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:

400265806

Date Received:

03/28/2012

## 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 05-045-20681-00

6. County: GARFIELD

7. Well Name: Bosely

Well Number: SG 344-22

8. Location: QtrQtr: SWSW Section: 23 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 800 feet Direction: FSL Distance: 172 feet Direction: FWL

As Drilled Latitude: 39.418176 As Drilled Longitude: -108.086422

## GPS Data:

Data of Measurement: 08/30/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1270 feet. Direction: FSL Dist.: 465 feet. Direction: FEL

Sec: 22 Twp: 7s Rng: 96w

\*\* If directional footage at Bottom Hole Dist.: 1244 feet. Direction: FSL Dist.: 477 feet. Direction: FEL

Sec: 22 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) 12/27/2011 13. Date TD: 12/31/2011 14. Date Casing Set or D&amp;A: 01/01/2012

## 15. Well Classification:

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

16. Total Depth MD 5353 TVD\*\* 5205 17 Plug Back Total Depth MD 5317 TVD\*\* 5205

18. Elevations GR 5070 KB 5094

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, MUD, &amp; RPM

## 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	90	34	0	90	VISU
SURF	13+1/2	9+5/8	32.3	0	807	225	0	807	VISU
1ST	7+7/8	4+1/2	11.6	0	5,349	975	1,780	5,349	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	713		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,501		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,764		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,250		<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.

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: 3/28/2012 Email: julie.lawson@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400265816	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400265818	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>					
400265806	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265815	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)