

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:

2287715

Date Received:

02/27/2012

## 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: SANDRA SALAZAR

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19562-00

6. County: GARFIELD

7. Well Name: Holl

Well Number: RWF 423-31

8. Location: QtrQtr: NWSW Section: 31 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2132 feet Direction: FSL Distance: 1032 feet Direction: FWL

As Drilled Latitude: 39.479994 As Drilled Longitude: -107.934244

## GPS Data:

Data of Measurement: 01/26/2011 PDOP Reading: 0.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1428 feet. Direction: FSL Dist.: 2097 feet. Direction: FWL

Sec: 31 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1412 feet. Direction: FSL Dist.: 2086 feet. Direction: FWL

Sec: 31 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/09/2011 13. Date TD: 07/17/2011 14. Date Casing Set or D&amp;A: 07/18/2011

## 15. Well Classification:

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

16. Total Depth MD 7950 TVD\*\* 7774 17 Plug Back Total Depth MD 7902 TVD\*\* 7726

18. Elevations GR 5351 KB 5377

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:

RPM AND CBL,MUD

## 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		0	79	30	0	79	VISU
SURF	13+1/2	9+5/8		0	1,134	320	0	1,134	VISU
1ST	8+3/4	4+1/2		0	7,936	1,265	3,220	7,936	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 G	1,959		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,407		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,877		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,845		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2287717

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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: SANDRA SALAZAR

Title: PERMITTING

Date: 2/14/2012

Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287719	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287718	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>					
2287715	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400287915	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	uploaded emailed dir. template. all logs rec'd. added MUD to list of logs.	5/23/2012 10:42:18 AM

Total: 1 comment(s)