

**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



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Document Number:  
2288337

Date Received:  
05/23/2012

**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) 629-8272  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-15693-00 6. County: GARFIELD  
 7. Well Name: SAVAGE Well Number: RWF 443-29  
 8. Location: QtrQtr: NESE Section: 29 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 1964 feet Direction: FSL Distance: 671 feet Direction: FEL  
 As Drilled Latitude: 39.494414 As Drilled Longitude: -107.904641

GPS Data:  
 Date of Measurement: 06/09/2008 PDOP Reading: 3.5 GPS Instrument Operator's Name: TANNER VIERS

\*\* If directional footage at Top of Prod. Zone Dist.: 1295 feet. Direction: FSL Dist.: 658 feet. Direction: FEL

Sec: 29 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1294 feet. Direction: FSL Dist.: 649 feet. Direction: FEL

Sec: 29 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) 07/15/2008 13. Date TD: 07/26/2008 14. Date Casing Set or D&A: 07/29/2008

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7740 TVD\*\* 7688 17 Plug Back Total Depth MD 7674 TVD\*\* \_\_\_\_\_

18. Elevations GR 5288 KB 5305 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; HIGH RESOLUTION INDICATION, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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	45	25	0	45	VISU
SURF	13+1/2	9+5/8		0	1,108	375	0	1,108	VISU
1ST	7+7/8	4+1/2		0	7,714	1,102	2,778	7,714	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	1,348		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,052		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,700		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,668		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2288340

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: PERMIT TECH

Date: 3/30/2009

Email: SANDRA.SALAZAR@WILLIAMS.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2288339	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2288338	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"/>
<b>Other Attachments</b>			
2288337	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)