

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



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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:

Data 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 INDUCTION, 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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
2288337	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)