

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:

400270977

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: Angela Neifert-Kraiser

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

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

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19602-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 411-21

8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2511 feet Direction: FNL Distance: 1406 feet Direction: FWL

As Drilled Latitude: 39.510760 As Drilled Longitude: -108.008124

## GPS Data:

Date of Measurement: 11/01/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 852 feet. Direction: FNL Dist.: 820 feet. Direction: FWL

Sec: 21 Twp: 5s Rng: 95w

\*\* If directional footage at Bottom Hole Dist.: 855 feet. Direction: FNL Dist.: 780 feet. Direction: FWL

Sec: 21 Twp: 6s Rng: 95w

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: 62161

12. Spud Date: (when the 1st bit hit the dirt) 04/18/2011 13. Date TD: 04/26/2011 14. Date Casing Set or D&amp;A: 04/27/2011

## 15. Well Classification:

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

16. Total Depth MD 8970 TVD\*\* 8699 17 Plug Back Total Depth MD 8922 TVD\*\* 8650

18. Elevations GR 6022 KB 6048

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, and Reservoir Performance Monitor (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	87	33	0	87	VISU
SURF	13+1/2	9+5/8	32.3	0	1,127	345	0	1,127	VISU
1ST	7+7/8	4+1/2	11.6	0	8,955	990	3,820	8,955	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	2,949		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,346		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,031		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,868		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Angela Neifert-KraiserTitle: Regulatory Specialist Date: 5/23/2012 Email: Angela.Neifert-Kraiser@wpenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400271039	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2288711	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>					
400270977	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400271034	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400271088	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Off Hold. Corrected elevations per operator.	6/15/2012 8:58:13 AM
Permit	On Hold. Requested verification of elevations. Added mud to list of logs run. Requested paper RPM log.	6/14/2012 1:29:05 PM

Total: 2 comment(s)