

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



DE ET OE ES

Document Number:

400297913

Date Received:

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
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-103-11681-00
6. County: RIO BLANCO
7. Well Name: Federal RGU
Well Number: 444-24-198
8. Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 98W Meridian: 6
Footage at surface: Distance: 234 feet Direction: FNL Distance: 1917 feet Direction: FEL
As Drilled Latitude: 39.940967 As Drilled Longitude: -108.340086

GPS Data:

Date of Measurement: 08/16/2010 PDOP Reading: 3.2 GPS Instrument Operator's Name: J. Seal

** If directional footage at Top of Prod. Zone Dist.: 311 feet. Direction: FSL Dist.: 652 feet. Direction: FEL
Sec: 24 Twp: 1S Rng: 98W

** If directional footage at Bottom Hole Dist.: 299 feet. Direction: FSL Dist.: 668 feet. Direction: FEL
Sec: 24 Twp: 1S Rng: 98W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090
11. Federal, Indian or State Lease Number: COC060733

12. Spud Date: (when the 1st bit hit the dirt) 12/24/2010 13. Date TD: 01/14/2011 14. Date Casing Set or D&A: 01/15/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12925 TVD** 12792 17 Plug Back Total Depth MD 12897 TVD** 12764

18. Elevations GR 6440 KB 6661
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 / RPM & 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 | 48 | 0 | 80 | 135 | 0 | 80 | VISU |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 3,969 | 2,824 | 0 | 3,969 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 12,918 | 1,535 | 5,190 | 12,918 | 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 | 5,933 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 8,013 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 11,135 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 11,683 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 11,822 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 12,040 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SEGO | 12,417 | | <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.

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: Julie Lawson

Title: Permit Tech II

Date:

Email: julie.lawson@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400297922 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400297919 | 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"/> |
| Other Attachments | | | |
| 400297917 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)