

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:

2288523

Date Received:

05/07/2012

## 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 05-045-19793-00

6. County: GARFIELD

7. Well Name: Farris

Well Number: RWF 434-31

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

Footage at surface: Distance: 330 feet Direction: FSL Distance: 2403 feet Direction: FWL

As Drilled Latitude: 39.475105 As Drilled Longitude: -107.929332

## GPS Data:

Data of Measurement: 12/09/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 217 feet. Direction: FSL Dist.: 1375 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 200 feet. Direction: FSL Dist.: 1336 feet. Direction: FEL

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) 08/10/2011 13. Date TD: 08/16/2011 14. Date Casing Set or D&amp;A: 08/18/2011

## 15. Well Classification:

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

16. Total Depth MD 8230 TVD\*\* 8083 17 Plug Back Total Depth MD 8182 TVD\*\* 8035

18. Elevations GR 5711 KB 5737

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:

SP/GR/HDIL/ZDL/CN/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             | 1,156         | 320       | 0       | 1,156   | VISU   |
| 1ST         | 8+3/4        | 4+1/2          |       | 0             | 8,216         | 1,270     | 3,970   | 8,216   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf 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      | 2,238          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 4,686          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 7,164          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 8,131          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

FORM 5A DOC#2288521

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: 4/16/2012

Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 2288525                     | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 2288524                     | 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>    |                       |            |                                     |    |                                     |
| 2288523                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400304352                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment   | Comment Date            |
|------------|---|-------------------------|
| Permit     | Off Hold. Attached directional template per operators email. Added mud to list of logs run and corrected typo on spud date. | 7/11/2012<br>7:34:40 AM |
| Permit     | On Hold requested directional template.   | 7/9/2012<br>12:59:28 PM |

Total: 2 comment(s)