

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:

2288518

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
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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-19781-00
6. County: GARFIELD
7. Well Name: Farris Well Number: RWF 444-31
8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 330 feet Direction: FSL Distance: 2413 feet Direction: FWL
As Drilled Latitude: 39.475106 As Drilled Longitude: -107.929298

GPS Data:
Date 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.: 234 feet. Direction: FSL Dist.: 189 feet. Direction: FEL
Sec: 31 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 215 feet. Direction: FSL Dist.: 198 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) 07/25/2011 13. Date TD: 08/08/2011 14. Date Casing Set or D&A: 08/09/2011

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

16. Total Depth MD 8587 TVD** 8038 17 Plug Back Total Depth MD 8542 TVD** 7993

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:
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	2,673	660	0	2,673	VISU
1ST	8+3/4	4+1/2		0	8,577	1,270	4,470	8,577	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	2,439		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,074		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,559		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,502		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2288516

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: 4/17/2012 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2288520	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2288519	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			
2288518	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400304377	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, requested paper RPM log, and added mud to list of logs run.	7/11/2012 8:10:36 AM
Permit	On Hold requested directional template.	7/9/2012 1:04:25 PM

Total: 2 comment(s)