

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:

400308518

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: Angela Neifert-Kraiser  
Phone: (303) 606-4398  
Fax: (303) 629-8268

5. API Number 05-045-20997-00  
6. County: GARFIELD  
7. Well Name: Jolley  
Well Number: KP 523-8  
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 196 feet Direction: FSL Distance: 2306 feet Direction: FWL  
As Drilled Latitude: 39.535532 As Drilled Longitude: -107.579863

GPS Data:

Date of Measurement: 10/07/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Jack Kirkpatrick

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

Sec: 8 Twp: 6s Rng: 91w

\*\* If directional footage at Bottom Hole Dist.: 1521 feet. Direction: FSL Dist.: 1948 feet. Direction: FWL

Sec: 8 Twp: 6s Rng: 91w

9. Field Name: KOKOPELLI 10. Field Number: 47525  
11. Federal, Indian or State Lease Number: COC51146

12. Spud Date: (when the 1st bit hit the dirt) 04/13/2012 13. Date TD: 04/20/2012 14. Date Casing Set or D&A: 04/21/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7507 TVD\*\* 7236 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6526 KB 6552  
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             | 69            | 26        | 0       | 69      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 32.3  | 0             | 1,305         | 370       | 0       | 1,305   | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,487         | 1,111     |         | 7,487   | 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                    |   |
| MESAVERDE      | 3,518          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 7,012          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,248          |        | <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.

\*All flowback water entries are total estimates based on comingled volumes.

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-Kraiser

Title: Regulatory Specialist

Date:

Email: Angela.Neifert-Kraiser@WPXEnergy.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400308982                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400308532                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400308531                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400308540                   | WELLBORE DIAGRAM      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

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

Total: 0 comment(s)