

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:

400311867

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 05-045-20703-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 544-21
8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 297 feet Direction: FNL Distance: 529 feet Direction: FEL
As Drilled Latitude: 39.505612 As Drilled Longitude: -107.551575

GPS Data:

Date of Measurement: 07/28/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 192 feet. Direction: FSL Dist.: 719 feet. Direction: FEL

Sec: 28 Twp: 6s Rng: 91w

** If directional footage at Bottom Hole Dist.: 200 feet. Direction: FSL Dist.: 743 feet. Direction: FEL

Sec: 28 Twp: 6s Rng: 91w

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/02/2011 13. Date TD: 12/11/2011 14. Date Casing Set or D&A: 12/12/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8306 TVD** 8276 17 Plug Back Total Depth MD 8252 TVD** 8222

18. Elevations GR 7060 KB 7083

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/MUD and CBL

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	127	49	127	0	VISU
SURF	13+1/2	9+5/8	32.3	0	1,330	380	1,330	0	VISU
1ST	7+7/8	4+1/2	11.6	0	8,282	1,585	2,656	0	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	4,448		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,779		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,043		<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.
SISP#0

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 ?	
Attachment Checklist			
400311917	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400311911	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			
400311909	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400311965	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)