

**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:

400313649

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 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 05-045-20745-00 6. County: GARFIELD  
7. Well Name: Hoeppli Well Number: RWF 541-36  
8. Location: QtrQtr: SWNE Section: 36 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 1459 feet Direction: FNL Distance: 2460 feet Direction: FEL  
As Drilled Latitude: 39.485475 As Drilled Longitude: -107.835475

## GPS Data:

Data of Measurement: 07/20/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1075 feet. Direction: FNL Dist.: 762 feet. Direction: FEL  
Sec: 36 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1086 feet. Direction: FNL Dist.: 775 feet. Direction: FEL  
Sec: 36 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) 12/16/2011 13. Date TD: 12/24/2011 14. Date Casing Set or D&A: 12/25/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9120 TVD\*\* 8866 17 Plug Back Total Depth MD 9070 TVD\*\* 881618. Elevations GR 6426 KB 6452

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 and MUDLOGS

## 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	44	16	0	44	VISU
SURF	13+1/2	9+5/8	32.3	0	1,138	320	0	1,138	VISU
1ST	7+7/8	4+1/2	11.6	0	9,109	1,255	4,126	9,109	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	2,540		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,181		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,154		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,985		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: Sandra Salazar

Title: Permit Technician II

Date:

Email: Sandra.Salazar@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400314597	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400314599	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>					
400314595	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)