

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:

400314716

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.

Completion Type [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 96850 4. Contact Name: Julie Lawson
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11794-00 6. County: RIO BLANCO
7. Well Name: Federal Well Number: RGU 531-1-298
8. Location: QtrQtr: LOT21 Section: 1 Township: 2s Range: 98w Meridian: 6
Footage at surface: Distance: 800 feet Direction: FNL Distance: 558 feet Direction: FEL
As Drilled Latitude: 39.910269 As Drilled Longitude: -108.335106

GPS Data:
Date of Measurement: 08/29/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1062 feet. Direction: FNL Dist.: 1832 feet. Direction: FEL
Sec: 1 Twp: 2s Rng: 98w

** If directional footage at Bottom Hole Dist.: 1046 feet. Direction: FNL Dist.: 1861 feet. Direction: FEL
Sec: 1 Twp: 2s Rng: 98w

9. Field Name: SULPHUR CREEK 10. Field Number: 80090
11. Federal, Indian or State Lease Number: COC060736

12. Spud Date: (when the 1st bit hit the dirt) 09/22/2011 13. Date TD: 10/02/2011 14. Date Casing Set or D&A: 10/04/2011

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

16. Total Depth MD 12417 TVD** 12289 17 Plug Back Total Depth MD 12355 TVD** 12227

18. Elevations GR 6576 KB 6597
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/MUD

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and 1ST.

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	5,507		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,519		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,614		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,182		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,324		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,544		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,913		<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.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Lawson

Title: Permit Tech II Date: _____ Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400314720	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400314718	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>			
400314717	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)