

FORM  
5Rev  
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:

400311416

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: Howard Harris

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4086

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20742-00

6. County: GARFIELD

7. Well Name: Hoeppli

Well Number: RWF 42-36

8. Location: QtrQtr: SWNE Section: 36 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1456 feet Direction: FNL Distance: 2469 feet Direction: FEL

As Drilled Latitude: 39.485482 As Drilled Longitude: -107.835507

## GPS Data:

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

\*\* If directional footage at Top of Prod. Zone Dist.: 1409 feet. Direction: FNL Dist.: 736 feet. Direction: FEL

Sec: 36 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1417 feet. Direction: FNL Dist.: 731 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) 12/04/2011 13. Date TD: 12/14/2011 14. Date Casing Set or D&amp;A: 12/15/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9010 TVD\*\* 8754 17 Plug Back Total Depth MD 8961 TVD\*\* 8705

18. Elevations GR 6387 KB 6413

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 Log

## 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	40	25	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,154	320	0	1,154	VISU
1ST	8+3/4	4+1/2	11.6	0	8,995	1,250	4,410	8,995	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	3,834		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,047	8,399	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,399	9,416	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,416		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As Drilled GPS information provided is actual data of the existing well conductor location prior to surface hole spud.  
All flowback water entries are total estimates based on commingling volumes.

SISP = 0psi

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

Signed: \_\_\_\_\_ Print Name: Howard Harris

Title: Sr. Regulatory Specialist Date: \_\_\_\_\_ Email: howard.harris@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400315433	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400315435	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>					
400315430	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)