

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:
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
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: Howard Harris
Phone: (303) 606-4086
Fax: (303) 629-8268

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:
Date 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&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)