

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:

400318458

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: Julie Lawson  
Phone: (303) 260-4533  
Fax: (303) 629-8268

5. API Number 05-045-19524-00  
6. County: GARFIELD  
7. Well Name: Federal Well Number: PA 323-29  
8. Location: QtrQtr: SESW Section: 29 Township: 6S Range: 95W Meridian: 6  
Footage at surface: Distance: 585 feet Direction: FSL Distance: 2265 feet Direction: FWL  
As Drilled Latitude: 39.489864 As Drilled Longitude: -108.023065

GPS Data:

Date of Measurement: 06/30/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1667 feet. Direction: FSL Dist.: 1991 feet. Direction: FWL  
Sec: 29 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1663 feet. Direction: FSL Dist.: 1933 feet. Direction: FWL  
Sec: 29 Twp: 6s Rng: 95w

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: 62162

12. Spud Date: (when the 1st bit hit the dirt) 02/07/2012 13. Date TD: 02/15/2012 14. Date Casing Set or D&A: 02/17/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7755 TVD\*\* 7621 17 Plug Back Total Depth MD 7745 TVD\*\* 7611

18. Elevations GR 5675 KB 5701  
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

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	110	31	0	110	VISU
SURF	13+1/2	9+5/8	32.3	0	2,214	530	0	2,214	VISU
1ST	7+7/8	4+1/2	11.6	0	7,747	975	3,550	7,747	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	1,996		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,179		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,950		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,575		<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>			
400318481	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400318478	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>			
400318477	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)