

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



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| DE | ET | OE | ES |
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Document Number:
400319185

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: 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 05-045-19542-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: PA 314-29
 8. Location: QtrQtr: SESW Section: 29 Township: 6S Range: 95W Meridian: 6
 Footage at surface: Distance: 589 feet Direction: FSL Distance: 2259 feet Direction: FWL
 As Drilled Latitude: 39.489874 As Drilled Longitude: -108.023088

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.: 139 feet. Direction: FSL Dist.: 223 feet. Direction: FWL

Sec: 29 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 115 feet. Direction: FSL Dist.: 209 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) 02/16/2012 13. Date TD: 02/23/2012 14. Date Casing Set or D&A: 02/24/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7800 TVD** 7320 17 Plug Back Total Depth MD 7742 TVD** 7262

18. Elevations GR 5674 KB 5700

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 | 90 | 24 | 0 | 90 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 2,414 | 565 | 0 | 2,414 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,775 | 940 | 3,265 | 7,775 | 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 | 2,296 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,402 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,987 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,628 | | <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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400319196 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400319194 | 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"/> |
| Other Attachments | | | |
| 400319193 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)