

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:

400319012

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: Sandra Salazar  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20752-00 6. County: GARFIELD  
 7. Well Name: Hoeppli Well Number: RWF 21-36  
 8. Location: QtrQtr: SENW Section: 36 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 1555 feet Direction: FNL Distance: 1760 feet Direction: FWL  
 As Drilled Latitude: 39.485191 As Drilled Longitude: -107.839732

GPS Data:

Date of Measurement: 12/21/2011 PDOP Reading: 0.9 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 779 feet. Direction: FNL Dist.: 2311 feet. Direction: FWL  
Sec: 36 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 797 feet. Direction: FNL Dist.: 2295 feet. Direction: FWL  
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) 04/27/2012 13. Date TD: 05/04/2012 14. Date Casing Set or D&A: 05/06/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8787 TVD\*\* 8704 17 Plug Back Total Depth MD 8742 TVD\*\* 8659

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, CBL and Mudlogs

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	60	23	0	60	VISU
SURF	13+1/2	9+5/8	32.3	0	1,130	320	0	1,130	VISU
1ST	8+3/4	4+1/2	11.6	0	8,777	1,245	4,050	8,777	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	2,377		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,971		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,860		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "As-Drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

Surface Pressure = 0

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

Signed: \_\_\_\_\_

Print Name: Sandra Salazar

Title: Permit Technician II

Date:

Email: sandra.salazar@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400319158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400319159	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>			
400319160	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)