

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:

2171083

Date Received:

08/24/2012

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: ANGELA NEIFERT-KRAISER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

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

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20152-00

6. County: GARFIELD

7. Well Name: T & T and Assoc. LTD

Well Number: PA 541-7

8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1203 feet Direction: FNL Distance: 1502 feet Direction: FWL

As Drilled Latitude: 39.456431 As Drilled Longitude: -108.043587

GPS Data:

Data of Measurement: 03/30/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1263 feet. Direction: FNL Dist.: 666 feet. Direction: FEL

Sec: 7 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1248 feet. Direction: FNL Dist.: 577 feet. Direction: FEL

Sec: 7 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/01/2011 13. Date TD: 06/07/2011 14. Date Casing Set or D&A: 06/08/2011

15. Well Classification:

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

16. Total Depth MD 7415 TVD** 6360 17 Plug Back Total Depth MD 7364 TVD** 6309

18. Elevations GR 5083 KB 5109

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 AND RESERVOIR PERFORMANCE MONITOR (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		0	44	17	0	44	VISU
SURF	13+1/2	9+5/8		0	1,596	400	0	1,596	VISU
1ST	8+3/4	4+1/2		0	7,399	1,045	3,080	7,399	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	1,989		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,155		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,807		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,307		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATION NAME: 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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 1/6/2012 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1533638	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2171084	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>					
2171083	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400324217	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off hold; uploaded dir. template. Approved form 5 w/out paper RPM.	3/6/2012 9:29:47 AM
Permit	still on hold; oper. sub. cement. summ. Still need dir. template.	3/6/2012 7:26:57 AM
Permit	ON HOLD--need surf. cmt. summ. Oper. submitted form w/ incorrect API#	8/28/2012 8:13:37 AM

Total: 3 comment(s)