

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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Document Number:

400325109

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 05-045-21002-00 6. County: GARFIELD
 7. Well Name: Patterson Well Number: SG 514-27
 8. Location: QtrQtr: SESW Section: 27 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1113 feet Direction: FSL Distance: 1863 feet Direction: FWL
 As Drilled Latitude: 39.404300 As Drilled Longitude: -108.098585

GPS Data:

Date of Measurement: 12/21/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 282 feet. Direction: FSL Dist.: 974 feet. Direction: FWL
 Sec: 27 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 271 feet. Direction: FSL Dist.: 969 feet. Direction: FWL
 Sec: 27 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/20/2012 13. Date TD: 06/23/2012 14. Date Casing Set or D&A: 06/24/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5242 TVD** 4925 17 Plug Back Total Depth MD 5184 TVD** 4867

18. Elevations GR 5013 KB 5039 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/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	66	38	0	66	VISU
SURF	13+1/2	9+5/8	32.3	0	1,151	350	0	1,151	VISU
1ST	7+7/8	4+1/2	11.6	0	5,216	890	1,793	5,216	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	615		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,427		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,669		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,106		<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>			
400325125	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400325123	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>			
400325122	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)