

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:

400325208

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 05-045-21021-00

6. County: GARFIELD

7. Well Name: Patterson

Well Number: SG 434-27

8. Location: QtrQtr: SESW Section: 27 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1120 feet Direction: FSL Distance: 1873 feet Direction: FWL

As Drilled Latitude: 39.404321 As Drilled Longitude: -108.098552

GPS Data:

Data 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.: 512 feet. Direction: FSL Dist.: 2300 feet. Direction: FEL

Sec: 27 Twp: 7s Rng: 96w

** If directional footage at Bottom Hole Dist.: 489 feet. Direction: FSL Dist.: 2315 feet. Direction: FEL

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) 06/12/2012 13. Date TD: 06/15/2012 14. Date Casing Set or D&A: 06/16/2012

15. Well Classification:

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

16. Total Depth MD 5259 TVD** 4971 17 Plug Back Total Depth MD 5205 TVD** 4917

18. Elevations GR 5012 KB 5038

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	1,259	345	0	1,259	VISU
1ST	7+7/8	4+1/2	11.6	0	5,236	880	1,702	5,236	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	619		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,392		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,615		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,114		<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>					
400325217	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400325214	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>					
400325213	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)