

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:

2287902

Date Received:

03/12/2012

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: 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 05-103-11848-00

6. County: RIO BLANCO

7. Well Name: Federal BCU

Well Number: 42-36-199

8. Location: QtrQtr: LOT6 Section: 31 Township: 1N Range: 98W Meridian: 6

Footage at surface: Distance: 1663 feet Direction: FNL Distance: 505 feet Direction: FWL

As Drilled Latitude: 40.014648 As Drilled Longitude: -108.441656

GPS Data:

Data of Measurement: 06/29/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1441 feet. Direction: FNL Dist.: 705 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 99W

** If directional footage at Bottom Hole Dist.: 1453 feet. Direction: FNL Dist.: 710 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 99W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC60846

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2011 13. Date TD: 07/27/2011 14. Date Casing Set or D&A: 07/30/2011

15. Well Classification:

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

16. Total Depth MD 10370 TVD** 10233 17 Plug Back Total Depth MD 10333 TVD** 10196

18. Elevations GR 6846 KB 6864

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:

SP/GR/HDIL/ZDL/CN, MUD, AND CBL

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	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,303	842	1,232	3,303	CALC
1ST	7+7/8	4+1/2		0	10,360	1,260	5,095	10,360	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,232	830	0	1,232

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	
MESAVERDE	6,313		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,675		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,256		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,341		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,514		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,084		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2287905

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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 TECH

Date: 3/7/2012

Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287904	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287903	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>					
2287902	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400296860	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Rec'd DV tool location from operator.	10/2/2012 8:56:15 AM
Engineer	third party cement tickets for the surface casing indicate that there was a DV tool in the surface casing, emailed operator for location of DV tool.	9/13/2012 11:16:02 AM
Permit	Off hold; RABL rec'd 7/16/12	9/11/2012 9:04:29 AM
Permit	On Hold. Imported directional template per operators email. Waiting on paper copy of CBL.	6/19/2012 6:21:16 AM
Permit	On hold. Requested paper CBL and directional template information.	6/18/2012 7:55:12 AM

Total: 5 comment(s)