

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:

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Date Received:

07/24/2012

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
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax: (303) 629-8268

5. API Number 05-045-20998-00
6. County: GARFIELD
7. Well Name: Jolley
Well Number: KP 11-17
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 186 feet Direction: FSL Distance: 2300 feet Direction: FWL
As Drilled Latitude: 39.535505 As Drilled Longitude: -107.579883

GPS Data:

Data of Measurement: 10/07/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: FNL Dist.: feet. Direction: FWL
Sec: 17 Twp: 6s Rng: 91w

** If directional footage at Bottom Hole Dist.: 160 feet. Direction: FNL Dist.: 663 feet. Direction: FWL
Sec: 17 Twp: 6s Rng: 91w

9. Field Name: KOKOPELLI 10. Field Number: 47525
11. Federal, Indian or State Lease Number: COC51146

12. Spud Date: (when the 1st bit hit the dirt) 04/24/2012 13. Date TD: 05/01/2012 14. Date Casing Set or D&A: 05/03/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7761 TVD** 7388 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6526 KB 6552
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, and Reservoir Performance Monitor (RPM)

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	40	15	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,348	370	0	1,348	VISU
1ST	7+7/8	4+1/2	11.6	0	7,753	1,125		7,753	CALC

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	
MESAVERDE	3,856		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,340		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,582		<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.

*All flowback water entries are total estimates based on comingled volumes

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

Signed: _____ Print Name: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: 7/24/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)