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Document Number:
400334665

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: 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) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20625-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: KP 14-18
 8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 740 feet Direction: FSL Distance: 1966 feet Direction: FEL
 As Drilled Latitude: 39.522280 As Drilled Longitude: -107.594742

GPS Data:
 Date of Measurement: 10/26/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1123 feet. Direction: FSL Dist.: 571 feet. Direction: FWL
 Sec: 18 Twp: 6s Rng: 91w
 ** If directional footage at Bottom Hole Dist.: 1133 feet. Direction: FSL Dist.: 591 feet. Direction: FWL
 Sec: 18 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) 06/13/2012 13. Date TD: 06/20/2012 14. Date Casing Set or D&A: 06/21/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8203 TVD** 7325 17 Plug Back Total Depth MD 8156 TVD** 7278

18. Elevations GR 5918 KB 5944
 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	32	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,374	365	0	1,374	VISU
1ST	7+7/8	4+1/2	11.6	0	8,190	1,160	3,560	8,190	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/07/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,986	200	4,796	4,986
SQUEEZE	1ST	4,752	200	4,650	4,752
SQUEEZE	1ST	4,250	150	4,150	4,250

Details of work:

KP 14-18 updated activity
 Set solid plug over existing perforations at 6,000'. Perforated two squeeze holes at 4,986'. Set cement retainer at 4,796' and pressure test casing to 1000 psi, test ok. Pumped 150 sacks 15.8ppg cement with 50 sacks Hal cem tail. WOC. Run CBL and do not see any change from original log. Decide to squeeze again. Perforate 2 squeeze holes at 4,752'. Set cement retainer at 4,650'. Perforate additional squeeze holes at 4,250'. Pump 150 sacks 15.8 ppg cement and 50 sacks 17 ppg tail cement. Set another cement retainer at 4,150' and pump 100 sacks 15.8 ppg slurry with 50 sks 17ppg tail cement. WOC. Run CBL. New TOC is 3,560'. Bradenhead pressure is 0 psi. (Drill out cement, cement retainer. Pressure test casing to 1000 psi. Drill out frac plugs, Land tubing and flow back well. – Doing this work 9/7/2012)

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	4,293		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,685		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,954		<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.
 SISP#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 Neifert-Kraiser

Title: Regulatory Specialist

Date: _____

Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400334787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400334817	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"/>
Other Attachments			
400334820	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400334943	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)