

**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:

400352191

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 05-045-20083-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: PA 424-4

8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1468 feet Direction: FSL Distance: 1470 feet Direction: FWL

As Drilled Latitude: 39.463376 As Drilled Longitude: -108.006783

## GPS Data:

Date of Measurement: 02/16/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: FSL Dist.: feet. Direction: FWL

Sec: 4 Twp: 7s Rng: 9w

\*\* If directional footage at Bottom Hole Dist.: 632 feet. Direction: FSL Dist.: 1991 feet. Direction: FWL

Sec: 4 Twp: 7s Rng: 95w

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2012 13. Date TD: 10/19/2012 14. Date Casing Set or D&amp;A: 10/20/2012

## 15. Well Classification:

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

16. Total Depth MD 7013 TVD\*\* 6895 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5586 KB 5612

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             | 63            | 32        | 0       | 63      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 32.3  | 0             | 723           | 220       | 0       | 723     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 6,998         | 1,080     | 0       | 6,998   | 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      | 1,627          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 3,642          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 5,822          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 6,742          |        | <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: Angela Neifert-Kraiser

Title: Regulatory Specialist

Date:

Email: angela.neifert-kraiser@wpenergy.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400352320                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400352321                   | 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>    |                       |            |                                     |    |                                     |
| 400352287                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400352336                   | WELLBORE DIAGRAM      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)