

**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:

400352352

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: 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 05-045-21047-00

6. County: GARFIELD

7. Well Name: Duggan

Well Number: RWF 442-31

8. Location: QtrQtr: NWNW Section: 32 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1104 feet Direction: FNL Distance: 1290 feet Direction: FWL

As Drilled Latitude: 39.485664 As Drilled Longitude: -107.915942

## GPS Data:

Data of Measurement: 10/12/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2178 feet. Direction: FNL Dist.: 288 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 2191 feet. Direction: FNL Dist.: 285 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/26/2012 13. Date TD: 07/04/2012 14. Date Casing Set or D&amp;A: 07/04/2012

## 15. Well Classification:

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

16. Total Depth MD 8298 TVD\*\* 7950 17 Plug Back Total Depth MD 8245 TVD\*\* 7897

18. Elevations GR 5538 KB 5560

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:

RPM/CBL/MUDLOGS

## 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	0	82	31	0	82	VISU
SURF	13+1/2	9+5/8	32.3	0	1,162	320	0	1,162	VISU
1ST	8+3/4	4+1/2	11.6	0	8,274	1,405	0	8,274	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	2,127		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,682		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,265		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,204		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 Technician II Date: \_\_\_\_\_ Email: sandra.salazar@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400352372	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400352374	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>					
400352377	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)