

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



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Document Number:
400359885

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 05-045-10860-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: GM 521-4
 8. Location: QtrQtr: NENW Section: 4 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 823 feet Direction: FNL Distance: 2150 feet Direction: FWL
 As Drilled Latitude: 39.471201 As Drilled Longitude: -108.114234

GPS Data:

Date of Measurement: 09/19/2005 PDOP Reading: 0.0 GPS Instrument Operator's Name: unknown

** If directional footage at Top of Prod. Zone Dist.: 1273 feet. Direction: FNL Dist.: 1656 feet. Direction: FWL

Sec: 4 Twp: 7s Rng: 95w

** If directional footage at Bottom Hole Dist.: 1274 feet. Direction: FNL Dist.: 1663 feet. Direction: FWL

Sec: 4 Twp: 7s Rng: 95w

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC24603

12. Spud Date: (when the 1st bit hit the dirt) 09/19/2005 13. Date TD: 09/25/2005 14. Date Casing Set or D&A: 09/26/2005

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6428 TVD** 6377 17 Plug Back Total Depth MD 6270 TVD** 6219

18. Elevations GR 5653 KB 5668

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	24	18	48	0	45	25	0	45	VISU
SURF	13+1/2	9+5/8	32.3	0	1,127	375	0	1,127	VISU
1ST	7+7/8	4+1/2	11.6	0	6,425	841	2,380	6,425	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/24/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,616	130	4,616	4,721

Details of work:

squeeze at 4721-4616 with 196 sks cmt to isolate water
 Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
 Tubing set @5999' 08/28/12

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	1,833		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,148		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,417		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,931		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,403		<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.
 Tubing set @5999' 08/28/12

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>			
400359930	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
<u>Other Attachments</u>			
400359931	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)