

**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:

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:

Data 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&amp;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 GroupCommentComment Date

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Total: 0 comment(s)