

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:

400360234

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
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax: (303) 629-8268

5. API Number 05-045-20268-00
6. County: GARFIELD
7. Well Name: CDOW Well Number: KP 322-22
8. Location: QtrQtr: SENW Section: 22 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 1571 feet Direction: FNL Distance: 1556 feet Direction: FWL
As Drilled Latitude: 39.516637 As Drilled Longitude: -107.544418

GPS Data:

Data of Measurement: 05/11/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1819 feet. Direction: FNL Dist.: 1976 feet. Direction: FWL
Sec: 22 Twp: 6s Rng: 91w

** If directional footage at Bottom Hole Dist.: 1805 feet. Direction: FNL Dist.: 2000 feet. Direction: FWL
Sec: 22 Twp: 6s Rng: 91w

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/20/2011 13. Date TD: 07/26/2011 14. Date Casing Set or D&A: 07/27/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7223 TVD** 7192 17 Plug Back Total Depth MD 7133 TVD** 7102

18. Elevations GR 6186 KB 6209

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 for sqz

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	126	48	0	126	VISU
SURF	13+1/2	9+5/8	32.3	0	750	200	0	750	VISU
1ST	7+7/8	4+1/2	11.6	0	7,195	1,155	3,056	7,195	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/06/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,290	200	2,190	2,290

Details of work:

KP 322-22 Update:

9/6/2012 Initial bradenhead pressure 170 psi. MIRU completion unit. POOH with tubing. Set bridge plug at 4000'. Bleed pressure off wells. Perforate 2 squeeze holes at 2,290'. Pump injection test. Set retainer at 2,190'. 9/7/2012 Sting into retainer and pump 20 bbl mud flush, 150 sks of 16.2 ppg lead and 50 sks 17 ppg tail. Unsting from retainer and reverse circulate tubing. WOC. 9/10/2012 Bradenhead pressure 0 psi. Drill cement and cement retainer. Unable to drill retainer, POOH and PU drill collars. 9/11/2012 RIH and drill cement retainer. Run CBL, had 15' of good cement at perfs. Pressure tested squeeze holes to 1000 psi, test ok. RIH and drill out bridge plug, land tubing and turn well over to production.

Attached is the CBL. As in the summary, we only got 15 foot of cement at the perfs so I am not going to name a new TOC. Final bradenhead pressure is 0 psi, so that 15 foot must have shut something off.

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	
			<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			
400360239	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"/>
400360238	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400360241	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)