

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:

400353244

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: Matt Barber  
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-21020-00 6. County: GARFIELD  
7. Well Name: Patterson Well Number: SG 433-27  
8. Location: QtrQtr: SESW Section: 27 Township: 7S Range: 96W Meridian: 6  
Footage at surface: Distance: 1180 feet Direction: FSL Distance: 1875 feet Direction: FWL  
As Drilled Latitude: 39.404485 As Drilled Longitude: -108.098551

GPS Data:

Data of Measurement: 12/21/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1927 feet. Direction: FSL Dist.: 2086 feet. Direction: FEL  
Sec: 27 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1927 feet. Direction: FSL Dist.: 2068 feet. Direction: FEL  
Sec: 27 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/23/2012 13. Date TD: 04/26/2012 14. Date Casing Set or D&A: 04/27/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5432 TVD\*\* 5060 17 Plug Back Total Depth MD 5374 TVD\*\* 5002

18. Elevations GR 5013 KB 5039

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:

MUD LOG; CBL

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+1/8	48	0	71	37	0	71	VISU
SURF	13+1/2	9+5/8	32.3	0	1,298	350	0	1,298	VISU
1ST	7+7/8	4+1/2	11.6	0	5,407	890	2,710	5,407	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	
MESAVERDE	2,486		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,755		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,260		<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 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: Matt Barber

Title: Sr. Regulatory Specialist Date: \_\_\_\_\_ Email: matt.barber@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400360303	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400360301	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>			
400360312	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)