

FORM  
5Rev  
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:

400366720

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 05-045-20492-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: RWF 313-35

8. Location: QtrQtr: SWNW Section: 35 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2068 feet Direction: FNL Distance: 530 feet Direction: FWL

As Drilled Latitude: 39.483297 As Drilled Longitude: -107.862905

## GPS Data:

Data of Measurement: 06/16/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2501 feet. Direction: FSL Dist.: 467 feet. Direction: FWL

Sec: 35 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 2473 feet. Direction: FSL Dist.: 457 feet. Direction: FWL

Sec: 35 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) 09/03/2012 13. Date TD: 09/10/2012 14. Date Casing Set or D&amp;A: 09/11/2012

## 15. Well Classification:

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

16. Total Depth MD 7788 TVD\*\* 7741 17 Plug Back Total Depth MD 7729 TVD\*\* 7682

18. Elevations GR 5550 KB 5576

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:

SP/GR/HDIL/ZDL/CN/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             | 63            | 23        | 0       | 63      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 32.3  | 0             | 1,159         | 320       | 0       | 1,159   | VISU   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 7,763         | 1,405     | 3,630   | 7,763   | 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      | 1,505          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| MESAVERDE      | 3,993          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| CAMEO          | 6,737          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| ROLLINS        | 7,651          |        | <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.

Surface Pressure = 0

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> |                       |            |                                     |    |                                     |
| 400367904                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400367905                   | 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>    |                       |            |                                     |    |                                     |
| 400367910                   | 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)