

**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: 400375800			
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 05-045-21128-00	6. County: GARFIELD
7. Well Name: Bosely	Well Number: SG 33-23
8. Location: QtrQtr: Lot 3 Section: 23 Township: 7S Range: 96W Meridian: 6	
Footage at surface: Distance: 1945 feet Direction: FNL	Distance: 2507 feet Direction: FEL
As Drilled Latitude: 39.425177	As Drilled Longitude: -108.076418

GPS Data:

Data of Measurement: 10/16/2012 PDOP Reading: 4.1 GPS Instrument Operator's Name: J Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2416 feet. Direction: FSL Dist.: 1568 feet. Direction: FEL

Sec: 23 Twp: 7s Rng: 96w

** If directional footage at Bottom Hole Dist.: 2393 feet. Direction: FSL Dist.: 1583 feet. Direction: FEL

Sec: 23 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) 12/03/2012 13. Date TD: 12/07/2012 14. Date Casing Set or D&A: 12/08/2012

15. Well Classification:

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

16. Total Depth MD 5763 TVD** 5418 17 Plug Back Total Depth MD 5370 TVD** 5715

18. Elevations GR 5039 KB 5065

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	26	18	48	0	40	44	0	44	VISU
SURF	13+1/2	9+5/8	32.3	0	1,090	300	0	1,090	VISU
1ST	7+7/8	4+1/2	11.6	0	5,748	1,200	2,510	5,748	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	878		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,769		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,137		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,637		<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 ?			
<u>Attachment Checklist</u>					
400376260	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400376258	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400376298	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400376257	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)