

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:

400305454

Date Received:

01/02/2013

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) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-103-11849-00

6. County: RIO BLANCO

7. Well Name: Federal BCU

Well Number: 43-36-199

8. Location: QtrQtr: lot 6 Section: 31 Township: 1N Range: 98W Meridian: 6

Footage at surface: Distance: 1693 feet Direction: FNL Distance: 508 feet Direction: FWL

As Drilled Latitude: 40.014566 As Drilled Longitude: -108.441646

GPS Data:

Data of Measurement: 06/20/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2160 feet. Direction: FSL Dist.: 682 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 99W

** If directional footage at Bottom Hole Dist.: 2163 feet. Direction: FSL Dist.: 700 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 99W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC62585

12. Spud Date: (when the 1st bit hit the dirt) 07/06/2012 13. Date TD: 07/12/2012 14. Date Casing Set or D&A: 07/14/2012

15. Well Classification:

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

16. Total Depth MD 10431 TVD** 10184 17 Plug Back Total Depth MD 10155 TVD** 9908

18. Elevations GR 6846 KB 6867

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:

RPM, CBL, and Mud log

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	135	80	0	135	VISU
SURF	14+3/4	9+5/8	32.3	0	3,296	1,355	0	3,296	VISU
1ST	8+3/4	4+1/2	11.6	0	10,431	1,440	5,250	10,431	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	6,388		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,686		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,300		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,375		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,552		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	9,947		<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: 1/2/2013 Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400363998	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400363996	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>					
400305454	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400364057	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)