

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:

400378098

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 05-045-21126-00
6. County: GARFIELD
7. Well Name: Bosely Well Number: SG 542-23
8. Location: QtrQtr: LOT3 Section: 23 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1939 feet Direction: FNL Distance: 2502 feet Direction: FEL
As Drilled Latitude: 39.425193 As Drilled Longitude: -108.076402

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 2620 feet. Direction: FNL Dist.: 1150 feet. Direction: FEL

Sec: 23 Twp: 7s Rng: 96w

** If directional footage at Bottom Hole Dist.: 2640 feet. Direction: FNL Dist.: 1155 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) 11/27/2012 13. Date TD: 12/02/2012 14. Date Casing Set or D&A: 12/02/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5855 TVD** 5456 17 Plug Back Total Depth MD 5806 TVD** 5407

18. Elevations GR 5040 KB 5066
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	60	44	0	60	VISU
SURF	13+1/2	9+5/8	32.3	0	1,295	330	0	1,295	VISU
1ST	7+7/8	4+1/2	11.6	0	5,840	1,165	4,138	5,840	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	1,003		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,880		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,214		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,725		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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>			
400378161	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400378159	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>			
400378157	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400378185	WELLBORE DIAGRAM	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)