

**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:

400397328

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 05-045-20900-00 6. County: GARFIELD
7. Well Name: Diamond Elk, LLC Well Number: PA 444-2
8. Location: QtrQtr: NWSW Section: 1 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 2259 feet Direction: FSL Distance: 651 feet Direction: FWL
As Drilled Latitude: 39.465900 As Drilled Longitude: -107.954081

GPS Data:

Data of Measurement: 10/26/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. KIRKPATRICK** If directional footage at Top of Prod. Zone Dist.: 219 feet. Direction: FSL Dist.: 134 feet. Direction: FELSec: 1 Twp: 7s Rng: 95w** If directional footage at Bottom Hole Dist.: 218 feet. Direction: FSL Dist.: 161 feet. Direction: FELSec: 2 Twp: 7s Rng: 95w9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/19/2012 13. Date TD: 12/27/2012 14. Date Casing Set or D&A: 12/30/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8285 TVD** 7782 17 Plug Back Total Depth MD 7861 TVD** 735818. Elevations GR 6027 KB 6053

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:

Gamma Ray, High Definition Induction Log, Compensated Z-Densilog, Compensated Neutron Log, Mud, RPM and 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	26	18	48	0	66	44	0	66	VISU
SURF	13+1/2	9+5/8	32.3	0	1,040	310	0	1,040	VISU
1ST	7+7/8	4+1/2	11.6	0	8,269	1,230	3,810	8,269	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	2,409		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,807		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,203		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,135		<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-KraiserTitle: Regulatory Specialist

Date: _____

Email: angela.neifert-kraiser@wpxenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400397360	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400397359	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>					
400397358	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400397399	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)