

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



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Document Number:

400417355

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 05-045-20092-00 6. County: GARFIELD  
 7. Well Name: Savage Well Number: PA 43-5  
 8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1514 feet Direction: FSL Distance: 1431 feet Direction: FWL  
 As Drilled Latitude: 39.463502 As Drilled Longitude: -108.006924

GPS Data:

Date of Measurement: 02/16/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2438 feet. Direction: FSL Dist.: 683 feet. Direction: FEL  
 Sec: 5 Twp: 7s Rng: 95w

\*\* If directional footage at Bottom Hole Dist.: 2437 feet. Direction: FSL Dist.: 680 feet. Direction: FEL  
 Sec: 5 Twp: 7s Rng: 95w

9. Field Name: PARACHUTE 10. Field Number: 67350  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 01/09/2013 13. Date TD: 01/17/2013 14. Date Casing Set or D&A: 01/17/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7635 TVD\*\* 6979 17 Plug Back Total Depth MD 7584 TVD\*\* 6928

18. Elevations GR 5586 KB 5612 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	41	16	0	0	VISU
SURF	13+1/2	9+5/8	32.3	0	1,131	310	0	1,131	VISU
1ST	7+7/8	4+1/2	11.6	0	7,617	1,075	4,100	7,617	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	2,132		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,313		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,586		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,440		<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.

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>			
400417381	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400417383	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>			
400417380	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417784	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)