

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:

400438450

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: Michele Weybright

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 6298449

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21691-00

6. County: GARFIELD

7. Well Name: Lantz

Well Number: SG 333-23

8. Location: QtrQtr: SESE Section: 23 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1305 feet Direction: FSL Distance: 898 feet Direction: FEL

As Drilled Latitude: 39.419144 As Drilled Longitude: -108.070463

GPS Data:

Data of Measurement: 11/02/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: W. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2109 feet. Direction: FSL Dist.: 1621 feet. Direction: FEL

Sec: 23 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2114 feet. Direction: FSL Dist.: 1636 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) 03/08/2013 13. Date TD: 03/12/2013 14. Date Casing Set or D&A: 03/13/2013

15. Well Classification:

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

16. Total Depth MD 5590 TVD** 5394 17 Plug Back Total Depth MD 5530 TVD** 5334

18. Elevations GR 5030 KB 5051

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	28	18	48	0	63	22	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,041	280	0	1,041	VISU
1ST	8+3/4	4+1/2	11.6	0	5,567	1,100	1,730	5,567	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	726		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,606		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,918		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,458		<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 #50

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Michele L Weybright

Title: Permit Technician I

Date:

Email: michele.veybright@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400438466	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400438468	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>					
400438470	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

--	--	--

Total: 0 comment(s)