

Document Number:  
400546489

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: Sandra Salazar  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-22090-00 6. County: GARFIELD  
 7. Well Name: WPX Energy Well Number: RWF 331-4  
 8. Location: QtrQtr: LOT 2 Section: 4 Township: 7S Range: 94W Meridian: 6  
 Footage at surface: Distance: 430 feet Direction: FNL Distance: 1690 feet Direction: FEL  
 As Drilled Latitude: 39.473292 As Drilled Longitude: -107.888982

GPS Data:  
 Date of Measurement: 08/23/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 979 feet. Direction: FNL Dist.: 2486 feet. Direction: FWL  
 Sec: 4 Twp: 7S Rng: 94W  
 \*\* If directional footage at Bottom Hole Dist.: 985 feet. Direction: FNL Dist.: 2459 feet. Direction: FWL  
 Sec: 4 Twp: 7S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 11/02/2013 13. Date TD: 11/10/2013 14. Date Casing Set or D&A: 11/11/2013

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8162 TVD\*\* 8015 17 Plug Back Total Depth MD 8116 TVD\*\* 7969

18. Elevations GR 5794 KB 5820 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/MUD

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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,128	315	0	1,128	VISU
1ST	8+3/4	4+1/2	11.6	0	8,150	1,395	3,906	8,150	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	2,060		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,538		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,065		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,016		<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.

Surface Pressure = 0

Logs uploaded on 12/12/13

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

Signed: \_\_\_\_\_

Print Name: Sandra Salazar

Title: Permit Technician II

Date: \_\_\_\_\_

Email: sandra.salazar@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400546623	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400546552	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"/>
<b>Other Attachments</b>			
400546509	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)