

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:
400587063

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: GINA RANDOLPH
Phone: (303) 260-4509
Fax: (303) 629-8268

5. API Number 05-045-21782-00
6. County: GARFIELD
7. Well Name: Federal Well Number: RU 41-5
8. Location: QtrQtr: LOT2 Section: 5 Township: 7S Range: 93W Meridian: 6
Footage at surface: Distance: 211 feet Direction: FNL Distance: 2611 feet Direction: FWL
As Drilled Latitude: 39.474779 As Drilled Longitude: -107.798776

GPS Data:
Date of Measurement: 07/03/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 291 feet. Direction: FNL Dist.: 655 feet. Direction: FEL
Sec: 5 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 352 feet. Direction: FNL Dist.: 686 feet. Direction: FEL
Sec: 5 Twp: 7S Rng: 93W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC41916

12. Spud Date: (when the 1st bit hit the dirt) 12/25/2013 13. Date TD: 01/03/2014 14. Date Casing Set or D&A: 01/04/2014

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

16. Total Depth MD 10319 TVD** 10028 17 Plug Back Total Depth MD 10230 TVD** 9939

18. Elevations GR 7602 KB 7628
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/MUDLOGS
**NOTE: LOGS ARE ATTACHED TO THIS WELL COMPLETION REPORT.

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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,162	320	0	1,162	VISU
1ST	8+3/4	4+1/2	11.6	0	10,330	1,050	4,802	10,330	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	3,753		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,456		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,294		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,160		<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

NOTE: LOGS ARE ATTACHED TO THIS WELL COMPLETION REPORT.

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

Signed: _____

Print Name: GINA RANDOLPH

Title: PERMIT TECH II

Date: _____

Email: GINA.RANDOLPH@WPXENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400587379	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400587381	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400587388	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587390	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587391	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587411	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587416	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587424	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587429	LAS-MUD	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)