

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:

400598848

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 05-103-11798-00

6. County: RIO BLANCO

7. Well Name: Federal

Well Number: RG 512-14-298

8. Location: QtrQtr: LOT5 Section: 14 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1669 feet Direction: FNL Distance: 491 feet Direction: FWL

As Drilled Latitude: 39.880500 As Drilled Longitude: -108.366910

GPS Data:

Data of Measurement: 11/06/2013 PDOP Reading: 3.9 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2592 feet. Direction: FNL Dist.: 534 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 2609 feet. Direction: FNL Dist.: 502 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC66586

12. Spud Date: (when the 1st bit hit the dirt) 12/13/2013 13. Date TD: 12/28/2013 14. Date Casing Set or D&A: 12/30/2013

15. Well Classification:

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

16. Total Depth MD 10967 TVD** 10878 17 Plug Back Total Depth MD 10925 TVD** 10878

18. Elevations GR 6559 KB 6580

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:

SP/GR/HDIL/ZDL/CN/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	30	18	48	0	85	32	0	85	VISU
SURF	14+3/4	9+5/8	32.3	0	3,411	1,435	0	3,411	VISU
1ST	8+3/4	4+1/2	11.6	0	10,957	1,820	4,250	10,957	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	CONDUCTOR	1,271	825		

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	4,437		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,314		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,196		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,786		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,917		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,149		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,742		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All flowback water entries are total estimates based on commingled volumes.

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

Signed: _____

Print Name: Sandra SalazarTitle: Permit Technician II

Date: _____

Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400598867	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400598856	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"/>
<u>Other Attachments</u>					
400598875	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400598877	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400598882	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400598884	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400598890	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400598894	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)