

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



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Document Number:

400613846

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: GINA RANDOLPH
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4509
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-10245-00 6. County: GARFIELD
7. Well Name: WILLIAMS Well Number: GM 513-1
8. Location: QtrQtr: NWSW Section: 1 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1415 feet Direction: FSL Distance: 1098 feet Direction: FWL
As Drilled Latitude: 39.463545 As Drilled Longitude: -108.063941

GPS Data:

Data of Measurement: 07/23/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: STEVEN PACE

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 02/04/2005 13. Date TD: 02/14/2005 14. Date Casing Set or D&A: 04/10/2005

15. Well Classification:

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

16. Total Depth MD 6423 TVD** 17 Plug Back Total Depth MD 6310 TVD**

18. Elevations GR 5237 KB 5253

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:

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	65	24	0	65	VISU
SURF	13+1/2	9+5/8	36	0	1,135	475	0	1,135	VISU
1ST	7+7/8	4+1/2	11.6	0	6,369	775	3,500	63,693	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,340	30	3,500	3,372
SQUEEZE	1ST	4,039	175	3,500	4,462

Details of work:

GM 513-1

Set RBP at 4486', swab tested 4-1/2" casing MV-5 perfed interval to determine if excessively wet, which it was. Got packer stuck, shot tubing off above packer, and fished tubing from casing. Found holes in casing at 3340', 3372' and 4039'. Set RBP at 3557', RIH tubing to 3530' and placed a 30 sks, 15.8 HAL cement balanced plug, squeeze #1. Waited on cement 6 days, tagged cement at 3122', pressure testing every joint tubing to 500 psi to RBP, passed test. Remove RBP at 3557', continue fishing operations, remove rest of fish consisting of tubing and packer. Set cement retainer at 3896' to squeeze MV 5 (4066' - 4462') and casing hole at 4039'. Got an injection rate of 1.5 bpm at 500 psi. Pumped 200 gal 7.5% HCl, followed by 175 sks, 15.8 ppg HAL cement, squeeze #2. Wait on cement 3 days, tagged cement at 3939', pressure tested to 500 psi down to 4161' (passed), after which would not hold pressure. RIH with packer, pressure test casing to 4096' again, held to 500 psi (passed), found failed pressure test interval to be 4096' - 4159'. Mix 55 gals Champion packer fluid with 80 bbls of water, spot at 4443', LD tubing, RDMO.

Tony Franzone
WPX Energy, Rocky Mountain, LLC
Operations Engineer
Mobile: 970 589 1454
Office: 970 285 9377 ext 2719
tony.franzone@wpxenergy.com

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

REPORTING SQUEEZE PROCEDURE.

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 ?			
<u>Attachment Checklist</u>					
400613896	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400613895	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)