

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:

400638180

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 05-045-21780-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: NER 414-32

8. Location: QtrQtr: Lot 2 Section: 5 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 185 feet Direction: FNL Distance: 2593 feet Direction: FWL

As Drilled Latitude: 39.474850 As Drilled Longitude: -107.798840

GPS Data:

Data 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.: 500 feet. Direction: FSL Dist.: 664 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 93W

** If directional footage at Bottom Hole Dist.: 471 feet. Direction: FSL Dist.: 651 feet. Direction: FWL

Sec: 32 Twp: 6S 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) 03/21/2014 13. Date TD: 03/30/2014 14. Date Casing Set or D&A: 03/30/2014

15. Well Classification:

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

16. Total Depth MD 10271 TVD** 9954 17 Plug Back Total Depth MD 10283 TVD** 9966

18. Elevations GR 7603 KB 7629

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

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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,169	320	0	1,169	VISU
1ST	8+3/4	4+1/2	11.6	0	10,315	1,040	5,268	10,315	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	3,764		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,443		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,331		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,159		<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

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>					
400638232	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400638237	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>					
400638199	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638209	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638211	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638225	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638229	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638236	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638243	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)