

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:
400642567

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 05-045-21990-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: RWF 323-25
 8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1662 feet Direction: FSL Distance: 2304 feet Direction: FWL
 As Drilled Latitude: 39.494032 As Drilled Longitude: -107.837851

GPS Data:

Date of Measurement: 10/17/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2179 feet. Direction: FSL Dist.: 2236 feet. Direction: FWL

Sec: 25 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2130 feet. Direction: FSL Dist.: 2243 feet. Direction: FWL

Sec: 25 Twp: 6S 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) 04/13/2014 13. Date TD: 04/22/2014 14. Date Casing Set or D&A: 04/24/2014

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8729 TVD** 8702 17 Plug Back Total Depth MD 8566 TVD** 8539

18. Elevations GR 6096 KB 6122

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	24	18	48	0	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,197	305	0	1,197	VISU
1ST	8+3/4	4+1/2	11.6	0	8,719	1,352	0	8,719	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	2,175		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,755		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,629		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,508		<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: Sandra Salazar

Title: Permit Technician II

Date:

Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400642581	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400642835	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			
400642847	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642849	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642870	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642875	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642877	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642880	PDF-TRIPLE COMBINATION	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)