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Document Number:  
400643029

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 05-045-21986-00 6. County: GARFIELD  
 7. Well Name: Savage Well Number: RWF 423-25  
 8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 1655 feet Direction: FSL Distance: 2304 feet Direction: FWL  
 As Drilled Latitude: 39.494011 As Drilled Longitude: -107.837850

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.: 1852 feet. Direction: FSL Dist.: 2253 feet. Direction: FWL  
 Sec: 25 Twp: 6S Rng: 94W  
 \*\* If directional footage at Bottom Hole Dist.: 1821 feet. Direction: FSL Dist.: 2229 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) 04/01/2014 13. Date TD: 04/12/2014 14. Date Casing Set or D&A: 04/13/2014

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

16. Total Depth MD 8640 TVD\*\* 8631 17 Plug Back Total Depth MD 8586 TVD\*\* 8577

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:  
RPM/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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,106	305	0	1,106	VISU
1ST	8+3/4	4+1/2	11.6	0	8,619	1,570	3,550	8,619	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	2,201		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,730		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,577		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,481		<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 ?	
<b>Attachment Checklist</b>			
400644799	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400644801	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"/>
<b>Other Attachments</b>			
400644806	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644811	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644815	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644816	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644820	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644821	PDF-CBL 1ST RUN	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)