

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:

400647916

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: Michele Weybright

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 6298449

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-22036-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 424-16

8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2600 feet Direction: FNL Distance: 1403 feet Direction: FWL

As Drilled Latitude: 39.510513 As Drilled Longitude: -108.008123

GPS Data:

Data of Measurement: 07/03/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 709 feet. Direction: FSL Dist.: 2300 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 711 feet. Direction: FSL Dist.: 2299 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: 62163

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2014 13. Date TD: 04/07/2014 14. Date Casing Set or D&A: 04/08/2014

15. Well Classification:

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

16. Total Depth MD 9911 TVD** 8937 17 Plug Back Total Depth MD 9802 TVD** 8828

18. Elevations GR 6030 KB 6056

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:

CBL, Mud, and Reservoir Performance Monitor (RPM)

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	1,276	335	0	1,276	VISU
1ST	8+3/4	4+1/2	11.6	0	9,901	1,005	4,642	9,901	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	3,501		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,166		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,896		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,715		<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.

SISP# 0

LOGS UPLOADED ON 7/21/2014.

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

Signed: _____

Print Name: Michele L Weybright

Title: Permit Technician I

Date: _____

Email: michele.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400647937	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400647932	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>					
400647938	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400647939	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400647947	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400647949	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400647952	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400647954	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)