

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:

400649518

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 05-045-21783-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: NER 534-32

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

Footage at surface: Distance: 163 feet Direction: FNL Distance: 2586 feet Direction: FWL

As Drilled Latitude: 39.474910 As Drilled Longitude: -107.798863

## 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.: 170 feet. Direction: FSL Dist.: 2013 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 163 feet. Direction: FSL Dist.: 2009 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) 04/30/2014 13. Date TD: 05/08/2014 14. Date Casing Set or D&amp;A: 05/09/2014

## 15. Well Classification:

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

16. Total Depth MD 10062 TVD\*\* 10021 17 Plug Back Total Depth MD 9675 TVD\*\* 9635

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:

SP GR HDIL ZDL CN 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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,107	300	0	1,107	VISU
1ST	8+3/4	4+1/2	11.6	0	10,050	1,035	5,680	10,050	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	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,199		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,069		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,916		<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 RANDOLPHTitle: PERMIT TECH II

Date: \_\_\_\_\_

Email: GINA.RANDOLPH@WPXENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400649580	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400649581	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>					
400649524	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649532	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649540	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649544	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649545	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649582	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649590	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)