

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:
400661694

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 05-045-22001-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: RWF 443-25
 8. Location: QtrQtr: SWSE Section: 25 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1185 feet Direction: FSL Distance: 1382 feet Direction: FEL
 As Drilled Latitude: 39.492760 As Drilled Longitude: -107.831734

GPS Data:
Date of Measurement: 04/15/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2153 feet. Direction: FSL Dist.: 588 feet. Direction: FEL
 Sec: 25 Twp: 6S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 2104 feet. Direction: FSL Dist.: 669 feet. Direction: FEL
 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) 06/03/2014 13. Date TD: 06/13/2014 14. Date Casing Set or D&A: 06/14/2014

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

16. Total Depth MD 8986 TVD** 8849 17 Plug Back Total Depth MD 8824 TVD** 8643

18. Elevations GR 6234 KB 6260 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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,147	315	0	1,147	VISU
1ST	8+3/4	4+1/2	11.6	0	8,974	1,365	3,765	8,974	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	2,392		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,990		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,825		<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 ?	
Attachment Checklist			
400661735	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400661731	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			
400661716	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400661722	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400661725	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400661729	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400661730	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400661737	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400671850	WELLBORE DIAGRAM	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)