

FORM
5
Rev
09/14

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:
400707095

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

OGCC Operator Number: 96850 Contact Name: Sandra Salazar
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

API Number 05-045-22407-00 County: GARFIELD
 Well Name: Hicks PA Well Number: 544-6
 Location: QtrQtr: SESW Section: 6 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 781 feet Direction: FSL Distance: 2226 feet Direction: FWL
 As Drilled Latitude: 39.461932 As Drilled Longitude: -108.041375

GPS Data:
 Date of Measurement: 06/04/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 129 feet. Direction: FSL Dist.: 1530 feet. Direction: FEL
 Sec: 6 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 122 feet. Direction: FSL Dist.: 1516 feet. Direction: FEL
 Sec: 6 Twp: 7S Rng: 95W

Field Name: PARACHUTE Field Number: 67350
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/02/2014 Date TD: 07/06/2014 Date Casing Set or D&A: 07/07/2014
 Rig Release Date: 07/07/2014 Per Rule 308A.b.

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

Total Depth MD 6865 TVD** 6514 Plug Back Total Depth MD 6700 TVD** 6349

Elevations GR 5135 KB 5160 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
RPM/CBL/MUD

CASING, LINER AND CEMENT

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	1,090	285	0	1,090	VISU
1ST	8+3/4	4+1/2	11.6	0	6,845	1,125	3,271	6,845	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	1,761				
MESAVERDE	3,680				
CAMEO	6,073				
ROLLINS	6,698				

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

Ongoing drilling on this pad, rig has not been released from the pad, so the Rig Release Date is an estimate for this well.

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 ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400708976	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708980	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708983	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708991	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709002	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400709004	DIRECTIONAL DATA	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)