

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400728511

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: GINA RANDOLPH
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4509
Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

API Number 05-045-22370-00 County: GARFIELD
Well Name: Puckett Land Company PA Well Number: 744-26
Location: QtrQtr: NENE Section: 35 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 240 feet Direction: FNL Distance: 1149 feet Direction: FEL
As Drilled Latitude: 39.487886 As Drilled Longitude: -107.960342

GPS Data:
Date of Measurement: 05/01/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 283 feet. Direction: FSL Dist.: 1123 feet. Direction: FEL
Sec: 26 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 665 feet. Direction: FSL Dist.: 645 feet. Direction: FEL
Sec: 26 Twp: 6S Rng: 95W

Field Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/19/2014 Date TD: 06/21/2014 Date Casing Set or D&A: 06/07/2014

Rig Release Date: 06/28/2014 Per Rule 308A.b.

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

Total Depth MD 13260 TVD** 13177 Plug Back Total Depth MD 13060 TVD** 12977

Elevations GR 5168 KB 5189 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
BAKER DID THE SHALLOW; SP GR HDIL ZDL CN CBL MUDLOGS. HALLIBURTON DID THE THE DEEP; CBL HIGH RESOLUTION INDUCTION SPECTRAL DENSITY DUAL SPACED NEUTRON AND MUDLOGS

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	20	53	0	120	45	0	120	VISU
SURF	17+1/2	13+3/8	68	0	2,064	730	0	2,064	VISU
1ST	12+1/4	9+5/8	54	0	8,652	2,005	0	8,652	VISU
2ND	7+7/8	5+1/2	23	0	13,244	590	9,684	13,244	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,353	1,060		

Details of work:

DV TOOL WAS IN THE FIRST STAGE OF THE INTERMEDIATE CEMENTING.

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	1,854			NO	
MESAVERDE	4,227			NO	
CAMEO	7,004			NO	
ROLLINS	7,686			NO	
COZZETTE	8,052			NO	
CORCORAN	8,396			NO	
SEGO	8,543			NO	
CASTLEGATE	9,903			NO	
MANCOS	10,761			NO	
J-NIOBRARA	11,916			NO	

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			
400729480	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400728647	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			
400728622	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728630	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728632	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728635	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728637	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728640	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728649	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400728653	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)