

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:
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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 05-045-14039-00 County: GARFIELD
 Well Name: AP Well Number: 522-9-695
 Location: QtrQtr: NWSE Section: 9 Township: 6S Range: 95W Meridian: 6
 Footage at surface: Distance: 1743 feet Direction: FSL Distance: 1705 feet Direction: FEL
 As Drilled Latitude: 39.536857 As Drilled Longitude: -108.000501

GPS Data:
 Date of Measurement: 08/15/2007 PDOP Reading: 3.9 GPS Instrument Operator's Name: CLEMENT WILLIAMS

** If directional footage at Top of Prod. Zone Dist.: 2577 feet. Direction: FNL Dist.: 2108 feet. Direction: FWL
 Sec: 9 Twp: 6S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 2574 feet. Direction: FNL Dist.: 2082 feet. Direction: FWL
 Sec: 9 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) 07/03/2007 Date TD: 07/22/2007 Date Casing Set or D&A: 07/24/2007
 Rig Release Date: 07/24/2007 Per Rule 308A.b.

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

Total Depth MD 11880 TVD** 11707 Plug Back Total Depth MD 11853 TVD** 10000

Elevations GR 8633 KB 8649 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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	45	25	0	45	VISU
SURF	13+1/2	9+5/8	32.3	0	3,098	880	0	3,098	VISU
1ST	7+7/8	4+1/2	11.6	0	11,586	844	7,600	11,586	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	10,470	2	7,600	10,470

Details of work:

AP 522-9-695

Wellname: AP 522-9-695 Prepared By: Tony Franzone
 Date: 8/14/2014
 Location: NWSE 9 6S 95W Cell Phone: (970) 589-1454
 Field: ALLEN POINT
 API: 05-045-14039

Surface Casing: 9-5/8" 32.3# set @ 3093 ft Production Casing:
 4-1/2" 11.6# set @ 11,856 ft PBTD: 11,853 ft
 TOC: 7,600-ft
 Tubing: 2-3/8" tbg @ 10,229 ft
 MV Completions: MV/Cameo (9,276 - 11,734 ft)
 Log Types: CBL, MUD, LAS - PULSED NEUTRON, RMT Log

Purpose: Post Job Report

Actual Procedure:

- 1 POOH w/ 2-3/8" tbg
- 2 RIH set RBP and packer and identified high water producing zones
- 3 POOH w/ RBP, packer and tubing
- 4 Set CIBP at 10,470 ft with 2 sks cement dump bailed on top, to isolate MV 1-2, Cameo, and Lower Cameo
- 5 POOH w/ down hole equipment
- 7 RIH with tubing and return to production

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	5,667			NO	
FORT UNION	6,317			NO	
MESAVERDE	8,082			NO	
CAMEO	11,166			NO	
ROLLINS	11,795			NO	

Comment:

****PLEASE NOTE, LOGS HAVE BEEN SUBMITTED WITH THE FIRST WELL COMPLETION REPORT. 02029641 SUB 2/25/2008**

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			
	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400777138	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777140	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400777141	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)