

DRILLING COMPLETION REPORT

Document Number:
400772463

Date Received:

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 05-045-22409-00 County: GARFIELD
 Well Name: Hicks PA Well Number: 44-6
 Location: QtrQtr: SESW Section: 6 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 788 feet Direction: FSL Distance: 2219 feet Direction: FWL
 As Drilled Latitude: 39.461950 As Drilled Longitude: -108.041400

GPS Data:
 Date of Measurement: 06/04/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 793 feet. Direction: FSL Dist.: 1823 feet. Direction: FEL
 Sec: 6 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 801 feet. Direction: FSL Dist.: 1837 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) 06/25/2014 Date TD: 06/30/2014 Date Casing Set or D&A: 07/01/2014
 Rig Release Date: 08/15/2014 Per Rule 308A.b.

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

Total Depth MD 6670 TVD** 6489 Plug Back Total Depth MD 6607 TVD** 6426

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

List Electric Logs Run:
SP/GR/HDIL/ZDL/RPM/CN/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	26	18	48	0	73	27	0	73	VISU
SURF	13+1/2	9+5/8	32.3	0	1,046	275	0	1,046	VISU
1ST	8+3/4	4+1/2	11.6	0	6,654	1,035	2,431	6,654	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	SURF	2,980			
SQUEEZE	SURF		300	3,042	3,077
SQUEEZE	SURF		50	3,077	3,042

Details of work:

Please see the two attached cement tickets for the details on the 2 squeezes done.

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	953				
MESAVERDE	3,468				
CAMEO	5,967				
ROLLINS	6,510				

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

Cement ticket for Surface already sent in on Doc # 40696162 - Preliminary Form 5.

Logs uploaded on: 01/21/15.

The 2 squeezes are done in the same perfs (3042'-3077') because two attempts made to fix hole in casing.

This is the last well on the PA 24-6 pad. Rig release date is accurate.

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 ?	
Attachment Checklist			
400772901	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400772907	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			
400773004	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400773082	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400773084	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400773085	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400773086	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774329	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400774344	PDF-CBL 2ND RUN	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)