

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:
400796330

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: Michele Weybright
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8449
 Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

API Number 05-045-22508-00 County: GARFIELD
 Well Name: WPX GM Well Number: 433-28
 Location: QtrQtr: NESW Section: 28 Township: 6S Range: 96W Meridian: 6
 Footage at surface: Distance: 1503 feet Direction: FSL Distance: 2346 feet Direction: FWL
 As Drilled Latitude: 39.492068 As Drilled Longitude: -108.114715

GPS Data:
 Date of Measurement: 10/30/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1920 feet. Direction: FSL Dist.: 1668 feet. Direction: FEL
 Sec: 28 Twp: 6S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1951 feet. Direction: FSL Dist.: 1621 feet. Direction: FEL
 Sec: 28 Twp: 6S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: COC27873

Spud Date: (when the 1st bit hit the dirt) 12/13/2014 Date TD: 12/20/2014 Date Casing Set or D&A: 12/21/2014
 Rig Release Date: 02/18/2015 Per Rule 308A.b.

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

Total Depth MD 7039 TVD** 6780 Plug Back Total Depth MD 6995 TVD** 6736

Elevations GR 5476 KB 5500 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
SP GR HDIL ZDL RPM CN CBL 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	26	18	48	0	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,486	380	0	1,486	VISU
1ST	8+3/4	4+1/2	11.6	0	7,025	1,080	3,783	7,025	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	2,004			NO	
MESAVERDE	3,806			NO	
CAMEO	6,424			NO	
ROLLINS	6,906			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: Michele L Weybright

Title: Permit Technician I Date: _____ Email: michele.veybright@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400829118	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400796358	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			
400796336	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796350	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796351	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796352	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796353	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796356	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796357	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400796363	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)