

FORM  
5Rev  
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:

400850304

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) 6298449

Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

API Number 05-045-22499-00

County: GARFIELD

Well Name: WPX GM

Well Number: 522-28

Location: QtrQtr: NESW Section: 28 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1545 feet Direction: FSL Distance: 2312 feet Direction: FWL

As Drilled Latitude: 39.492180 As Drilled Longitude: -108.114838

## 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.: 2346 feet. Direction: FNL Dist.: 2424 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2302 feet. Direction: FNL Dist.: 2433 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/26/2015 Date TD: 01/31/2015 Date Casing Set or D&amp;A: 02/03/2015

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 7054 TVD\*\* 6784 Plug Back Total Depth MD 7007 TVD\*\* 6737

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

## List Electric Logs Run:

SP/GR/HDIL/ZDL/CN/MUD and CBL

## 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	1,216	315	0	1,216	VISU
1ST	8+3/4	4+1/2	11.6	0	7,037	1,080	3,242	7,037	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	1,988				
MESAVERDE	3,868				
CAMEO	6,454				
ROLLINS	6,936				

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.

SISP# 0

LOGS UPLOADED ON 6/8/2015.

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 ?	
<u>Attachment Checklist</u>			
400850324	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400850325	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"/>
<u>Other Attachments</u>			
400850327	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400850331	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400850337	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400850338	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400850339	PDF-TRIPLE COMBINATION	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)