

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:

400852910

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: 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 05-103-12139-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RGU 444-23-198

Location: QtrQtr: SESE Section: 23 Township: 1S Range: 98W Meridian: 6

Footage at surface: Distance: 1028 feet Direction: FSL Distance: 645 feet Direction: FEL

As Drilled Latitude: 39.944672 As Drilled Longitude: -108.353695

GPS Data:

Date of Measurement: 08/08/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Wayne Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 481 feet. Direction: FSL Dist.: 596 feet. Direction: FEL

Sec: 23 Twp: 1S Rng: 98W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 640 feet. Direction: FEL

Sec: 23 Twp: 1S Rng: 98W

Field Name: SULPHUR CREEK

Field Number: 80090

Federal, Indian or State Lease Number: COC06732

Spud Date: (when the 1st bit hit the dirt) 11/02/2014 Date TD: 11/20/2014 Date Casing Set or D&A: 11/22/2014

Rig Release Date: 11/22/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 12663 TVD** 12642 Plug Back Total Depth MD 12590 TVD** 12569

Elevations GR 6567 KB 6591

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	30	18	48	0	84	31	0	84	VISU
SURF	14+3/4	9+5/8	36	0	3,947	3,947	0	935	VISU
1ST	8+3/4	4+1/2	11.6	0	12,653	1,920	6,840	12,653	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	CONDUCTOR	1,751	1,100		

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	5,736				
MESAVERDE	7,787				
CAMEO	10,847				
ROLLINS	11,429				
COZZETTE	11,562				
CORCORAN	11,785				
SEGO	12,166				

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

Logs uploaded on: 06-12-15

Date Rig Released from Location is an Estimate ONLY, drilling is still underway on this pad.

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 ?
<u>Attachment Checklist</u>		
400852960	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400852956	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>		
400852967	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400852968	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400852986	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400852989	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400852992	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400852996	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400853045	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)