

FORM
5
Rev
02/08

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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| DE | ET | OE | ES |
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Document Number:
2285450

Date Received:
10/25/2011

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

1. OGCC Operator Number: 96850 4. Contact Name: JENN MENDOZA
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-18836-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: PA 434-4
 8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 129 feet Direction: FSL Distance: 2044 feet Direction: FEL
 As Drilled Latitude: 39.459685 As Drilled Longitude: -108.000704

GPS Data:
 Date of Measurement: 06/16/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 724 feet. Direction: FSL Dist.: 1945 feet. Direction: FEL
 Sec: 4 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 722 feet. Direction: FSL Dist.: 1954 feet. Direction: FEL
 Sec: 4 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/12/2011 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/20/2011

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

16. Total Depth MD 7130 TVD** 7078 17 Plug Back Total Depth MD 7086 TVD** 7034

18. Elevations GR 5756 KB 5777 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL AND RESERVOIR PERFORMANCE MONITOR (RPM), MUD

20. Casing, Liner and Cement:

CASING

| 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 | 0 | 0 | 45 | 15 | 0 | 45 | VISU |
| SURF | 13+1/2 | 9+5/8 | 0 | 0 | 845 | 250 | 0 | 845 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 0 | 0 | 7,115 | 150 | 3,195 | 7,115 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| GREELEY SAND | 1,884 | | <input type="checkbox"/> | <input type="checkbox"/> | SURFACE PRESSURE =0# |
| MESAVERDE | 3,952 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,024 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,966 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JENN MENDOZA

Title: PERMIT TECH II Date: 10/20/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 2285452 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2285451 | 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Other Attachments | | | |
| 2285450 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|---------------------------|
| Permit | approved w/out paper RPM log--WPX submitting soon. | 4/18/2012 11:14:54 AM |
| Permit | MISSING RPM LOG - NOT REQUESTED PER J.S., REQ MWD/FMI LOG | 11/17/2011 12:47:46 PM |

Total: 2 comment(s)