

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



DE ET OE ES

Document Number:

400277133

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

1. OGCC Operator Number: 96850  
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC  
3. Address: 1001 17TH STREET - SUITE #1200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Julie Lawson  
Phone: (303) 260-4533  
Fax: (303) 629-8268

5. API Number 05-045-20259-00  
6. County: GARFIELD  
7. Well Name: Federal Well Number: PA 431-29  
8. Location: QtrQtr: LOT8 Section: 20 Township: 6S Range: 95W Meridian: 6  
Footage at surface: Distance: 500 feet Direction: FSL Distance: 1697 feet Direction: FEL  
As Drilled Latitude: 39.503862 As Drilled Longitude: -108.019127

GPS Data:

Date of Measurement: 06/30/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 615 feet. Direction: FNL Dist.: 2611 feet. Direction: FWL  
Sec: 29 Twp: 6s Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 652 feet. Direction: FNL Dist.: 2627 feet. Direction: FWL  
Sec: 29 Twp: 6s Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: COC 62162

12. Spud Date: (when the 1st bit hit the dirt) 12/14/2011 13. Date TD: 12/22/2011 14. Date Casing Set or D&A: 12/24/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8526 TVD\*\* 8360 17 Plug Back Total Depth MD 8430 TVD\*\* 8264

18. Elevations GR 6234 KB 6260

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:

SP/GR/HDIL/ZDL/CN and CBL

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	26	18	48	0	105	39	0	105	VISU
SURF	13+1/2	9+5/8	32.3	0	3,084	700	0	3,084	VISU
1ST	7+7/8	4+1/2	11.6	0	8,506	975	3,660	8,506	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	
WASATCH	2,811		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,012		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,661		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,347		<input type="checkbox"/>	<input type="checkbox"/>	

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: Julie Lawson

Title: Permit Tech II Date: \_\_\_\_\_ Email: julie.lawson@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400277158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400277155	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"/>
400277161	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400277159	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)