

**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:

2286721

Date Received:

01/03/2012

**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: ANGELA NEIFER-KRAISER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-18111-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 432-20

8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 1316 feet Direction: FNL Distance: 810 feet Direction: FEL

As Drilled Latitude: 39.514044 As Drilled Longitude: -108.015965

## GPS Data:

Data of Measurement: 02/16/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2203 feet. Direction: FNL Dist.: 2064 feet. Direction: FEL

Sec: 20 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2188 feet. Direction: FNL Dist.: 2084 feet. Direction: FEL

Sec: 20 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC62161

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2010 13. Date TD: 11/24/2010 14. Date Casing Set or D&amp;A: 11/26/2010

## 15. Well Classification:

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

16. Total Depth MD 9061 TVD\*\* 8860 17 Plug Back Total Depth MD 9008 TVD\*\* 8807

18. Elevations GR 6426 KB 6452

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	62	25	0	62	VISU
SURF	13+1/2	9+5/8		0	1,034	300	0	1,034	VISU
1ST	8+3/4	4+1/2		0	9,044	975	4,370	9,044	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 G	3,290		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,530		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,210		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,907		<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: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 11/30/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286723	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286722	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"/>
<u>Other Attachments</u>					
2286721	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400276270	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold--uploaded dir. template. approved form 5 w/out paper RPM; oper. submitting soon. Have all LAS logs	4/24/2012 3:27:11 PM
Permit	req'd dir. template.	4/18/2012 1:11:20 PM
Permit	Added mud to list of logs Corrected formation name Missing directional template	2/8/2012 10:39:35 AM

Total: 3 comment(s)