

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:

2287752

Date Received:

02/27/2012

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
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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-18172-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: RU 443-6
8. Location: QtrQtr: SWSE Section: 6 Township: 7S Range: 93W Meridian: 6
Footage at surface: Distance: 992 feet Direction: FSL Distance: 1911 feet Direction: FEL
As Drilled Latitude: 39.467779 As Drilled Longitude: -107.814767

GPS Data:

Data of Measurement: 02/25/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1066 feet. Direction: FNL Dist.: 572 feet. Direction: FEL

Sec: 6 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1067 feet. Direction: FNL Dist.: 568 feet. Direction: FEL

Sec: 6 Twp: 7S Rng: 93W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC41916

12. Spud Date: (when the 1st bit hit the dirt) 11/08/2010 13. Date TD: 11/15/2010 14. Date Casing Set or D&A: 11/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10132 TVD** 9809 17 Plug Back Total Depth MD 10087 TVD** 9764

18. Elevations GR 7542 KB 7568
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,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	60	22	0	60	VISU
SURF	13+1/2	9+5/8		0	1,175	320	0	1,175	VISU
1ST	8+3/4	4+1/2		0	10,122	1,100	5,020	10,122	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	3,639		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,292		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,192		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,011		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2287750

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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: SANDRA SALAZAR

Title: PERMIT TECH Date: 2/14/2012 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2287754	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2287753	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			
2287752	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400276063	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Added MUD to list of logs.	4/24/2012 1:22:47 PM

Total: 1 comment(s)