

**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:

400282391

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 4. Contact Name: Sandra Salazar
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20148-00 6. County: GARFIELD
7. Well Name: Clough Well Number: RWF 323-14
8. Location: QtrQtr: LOT6 Section: 14 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 1861 feet Direction: FNL Distance: 2342 feet Direction: FWL
As Drilled Latitude: 39.527432 As Drilled Longitude: -107.856714

GPS Data:

Data of Measurement: 12/16/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2555 feet. Direction: FSL Dist.: 1442 feet. Direction: FWL
Sec: 14 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2498 feet. Direction: FSL Dist.: 1381 feet. Direction: FWL
Sec: 14 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC2799

12. Spud Date: (when the 1st bit hit the dirt) 05/16/2011 13. Date TD: 05/24/2011 14. Date Casing Set or D&A: 05/25/2011

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8443 TVD** 8264 17 Plug Back Total Depth MD 8390 TVD** 821118. Elevations GR 5493 KB 5516

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	24	18	48	0	66	25	0	66	VISU
SURF	13+1/2	9+5/8	32.3	0	1,136	320	0	1,136	VISU
1ST	8+3/4	4+1/2	11.6	0	8,423	1,305	3,280	8,423	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	1,961		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,636		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,497		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,399		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 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>					
400282431	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400282447	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"/>
400282430	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400282427	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)