

**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:

2285481

Date Received:

10/24/2011

**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: 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 05-045-19631-00 6. County: GARFIELD  
 7. Well Name: Savage Well Number: RWF 431-3  
 8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6  
 Footage at surface: Distance: 646 feet Direction: FSL Distance: 1818 feet Direction: FEL  
 As Drilled Latitude: 39.476338 As Drilled Longitude: -107.871298

GPS Data:

Date of Measurement: 11/05/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 446 feet. Direction: FNL Dist.: 2259 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 437 feet. Direction: FNL Dist.: 2246 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 0007506

12. Spud Date: (when the 1st bit hit the dirt) 04/03/2011 13. Date TD: 04/10/2011 14. Date Casing Set or D&A: 04/11/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7860 TVD\*\* 7688 17 Plug Back Total Depth MD 7814 TVD\*\* 7642

18. Elevations GR 5626 KB 5652

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:

RPM 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	75	28	0	75	VISU
SURF	13+1/2	9+5/8		0	1,860	400	0	1,860	VISU
1ST	8+3/4	4+1/2		0	7,846	1,285	2,800	7,846	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	1,596		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,294		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,945		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,802		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC # 2285484  
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: PERMITTING Date: 9/14/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2285483	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285482	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"/>
<b>Other Attachments</b>			
2285481	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold--paper RPM, CBL rec'd. 4/26	5/3/2012 9:02:53 AM
Permit	on hold-req'd paper RPM,CBL	4/19/2012 11:39:59 AM
Permit	MISSING RPM AND CBL - DO NOT REQUEST PER J.S., REQ MWD/FMI LOGS	12/2/2011 8:11:33 AM

Total: 3 comment(s)