

FORM
5Rev
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:

400284962

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 05-045-19787-00

6. County: GARFIELD

7. Well Name: Farris

Well Number: RWF 44-31

8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 360 feet Direction: FSL Distance: 2402 feet Direction: FWL

As Drilled Latitude: 39.475187 As Drilled Longitude: -107.929335

GPS Data:

Date of Measurement: 12/09/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1057 feet. Direction: FSL Dist.: 639 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1048 feet. Direction: FSL Dist.: 632 feet. Direction: FEL

Sec: 31 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/22/2011 13. Date TD: 10/01/2011 14. Date Casing Set or D&A: 10/03/2011

15. Well Classification:

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

16. Total Depth MD 8526 TVD** 8102 17 Plug Back Total Depth MD 8492 TVD** 8068

18. Elevations GR 5711 KB 5737

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	79	30	0	79	VISU
SURF	13+1/2	9+5/8	32.3	0	2,590	640	0	2,590	VISU
1ST	8+3/4	4+1/2	11.6	0	8,535	1,280	3,490	8,535	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	2,541		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,970		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,443		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,427		<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>					
400284971	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400284972	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"/>
400284970	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400284968	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)