

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:

400286891

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
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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-103-11750-00
6. County: RIO BLANCO
7. Well Name: Federal RG
Well Number: 421-14-298
8. Location: QtrQtr: SWNE Section: 14 Township: 2s Range: 98w Meridian: 6
Footage at surface: Distance: 1752 feet Direction: FNL Distance: 2267 feet Direction: FEL
As Drilled Latitude: 39.880320 As Drilled Longitude: -108.358337

GPS Data:

Date of Measurement: 09/07/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 942 feet. Direction: FNL Dist.: 2185 feet. Direction: FWL
Sec: 14 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 956 feet. Direction: FNL Dist.: 2155 feet. Direction: FWL
Sec: 14 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090
11. Federal, Indian or State Lease Number: COC 066586

12. Spud Date: (when the 1st bit hit the dirt) 11/01/2010 13. Date TD: 11/15/2010 14. Date Casing Set or D&A: 11/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11270 TVD** 11144 17 Plug Back Total Depth MD 11237 TVD** 11144

18. Elevations GR 6545 KB 6568
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/RPM & Mud Logs

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	80	135	0	80	VISU
SURF	14+3/4	9+5/8	36	0	3,092	1,590	0	3,092	VISU
1ST	7+7/8	4+1/2	11.6	0	11,259	1,126	2,892	11,259	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	4,606		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,535		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,448		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,030		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,163		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,385		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,745		<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: Julie Lawson

Title: Permit Tech II Date: _____ Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400286899	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>			
400286898	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)