

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



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Document Number:

400288114

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: <u>96850</u>	4. Contact Name: <u>Angela Neifert-Kraiser</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4398</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-20154-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>T & T and Assoc. LTD</u>	Well Number: <u>PA 432-7</u>
8. Location: QtrQtr: <u>LOT2</u> Section: <u>7</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1218</u> feet Direction: <u>FNL</u> Distance: <u>1521</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.456441</u> As Drilled Longitude: <u>-108.043802</u>	

GPS Data:

Date of Measurement: 03/30/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1879 feet. Direction: FNL Dist.: 1873 feet. Direction: FEL

Sec: 7 Twp: 7s Rng: 95w

** If directional footage at Bottom Hole Dist.: 1888 feet. Direction: FNL Dist.: 1880 feet. Direction: FEL

Sec: 7 Twp: 7s Rng: 95w

9. Field Name: <u>PARACHUTE</u>	10. Field Number: <u>67350</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>07/27/2011</u>	13. Date TD: <u>08/02/2011</u>	14. Date Casing Set or D&A: <u>08/03/2011</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>6840</u> TVD** <u>6291</u>	17 Plug Back Total Depth MD <u>6781</u> TVD** <u>6232</u>
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18. Elevations GR <u>7060</u> KB <u>7086</u>
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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 log

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	26	18	48	0	63	32	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,840	460	0	1,840	VISU
1ST	7+7/8	4+1/2	11.6	0	6,816	1,035	2,730	6,816	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	1,727		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,784		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,251		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,757		<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: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: _____ Email: Angela.Neifert-Kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400288133	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400288135	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			
400288131	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400288160	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)