

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:
400288991

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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax:

5. API Number 05-045-20468-00
6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 533-23
8. Location: QtrQtr: NWSW Section: 23 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1816 feet Direction: FSL Distance: 869 feet Direction: FWL
As Drilled Latitude: 39.506254 As Drilled Longitude: -108.083053

GPS Data:
Date of Measurement: 04/13/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1502 feet. Direction: FSL Dist.: 2297 feet. Direction: FEL
Sec: 23 Twp: 6s Rng: 96w
** If directional footage at Bottom Hole Dist.: 1488 feet. Direction: FSL Dist.: 2312 feet. Direction: FEL
Sec: 23 Twp: 6s Rng: 96w

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/06/2011 13. Date TD: 10/12/2011 14. Date Casing Set or D&A: 10/13/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8010 TVD** 7635 17 Plug Back Total Depth MD 7965 TVD** 7590

18. Elevations GR 7060 KB 7086
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, XMAC and Reservoir Performance Monitor (RPM)

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	80	24	0	80	VISU
SURF	13+1/2	9+5/8	32.3	0	1,155	320	0	1,155	VISU
1ST	7+7/8	4+1/2	11.6	0	7,999	1,015	4,900	7,999	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	2,592		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,705		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,360		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,915		<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			
400288999	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400288998	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			
400288996	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400288997	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)