

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:

400290390

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 05-045-19738-00  
6. County: GARFIELD  
7. Well Name: ExxonMobil  
Well Number: GM 422-27  
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6  
Footage at surface: Distance: 1150 feet Direction: FSL Distance: 2516 feet Direction: FWL  
As Drilled Latitude: 39.491086 As Drilled Longitude: -108.095169

GPS Data:

Date of Measurement: 11/01/2010 PDOP Reading: 3.5 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 2150 feet. Direction: FNL Dist.: 1727 feet. Direction: FWL  
Sec: 27 Twp: 6s Rng: 96w

\*\* If directional footage at Bottom Hole Dist.: 2163 feet. Direction: FNL Dist.: 1715 feet. Direction: FWL  
Sec: 27 Twp: 6s Rng: 96w

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
11. Federal, Indian or State Lease Number: COC 034553A

12. Spud Date: (when the 1st bit hit the dirt) 04/15/2011 13. Date TD: 04/20/2011 14. Date Casing Set or D&A: 04/21/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7571 TVD\*\* 6981 17 Plug Back Total Depth MD 7546 TVD\*\* 6956

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 and Reservoir Performance Monitor (RPM), 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             | 43            | 16        | 0       | 43      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 32.3  | 0             | 1,185         | 480       | 0       | 1,185   | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,576         | 1,010     | 4,370   | 7,576   | 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      | 2,336          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 4,415          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 7,018          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,508          |        | <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 ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400290407                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400290415                   | 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>    |                       |   |  |
| 400290402                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400290421                   | WELLBORE DIAGRAM      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

#### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)