

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:

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

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:

Data 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-KraiserTitle: Regulatory Specialist Date: _____ Email: Angela.Neifert-Kraiser@wpenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)