

**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:

400292461

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: Sandra Salazar

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-10389-00

6. County: GARFIELD

7. Well Name: Clough

Well Number: RWF 623-21

8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2234 feet Direction: FSL Distance: 2499 feet Direction: FWL

As Drilled Latitude: 39.509626 As Drilled Longitude: -107.893953

GPS Data:

Date of Measurement: 08/11/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wayne Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1752 feet. Direction: FSL Dist.: 1965 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1750 feet. Direction: FSL Dist.: 1971 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/21/2005 13. Date TD: 04/03/2005 14. Date Casing Set or D&A: 05/14/2005

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☒ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7880 TVD** 7824 17 Plug Back Total Depth MD 7335 TVD** 7279

18. Elevations GR 5331 KB 5347

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:

RMTE and CBL (all logs were submitted in the past when well drilled)

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	57	21	0	57	VISU
SURF	13+1/2	9+5/8	32.3	0	1,128	375	0	1,128	VISU
1ST	7+7/8	4+1/2	11.6	0	7,824	1,050	3,750	7,824	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	1,618		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,115		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,638		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,775		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

Surface Pressure = 0

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Sandra Salazar

Title: Permit Technician II

Date:

Email: Sandra.Salazar@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"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400292841	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)