

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:

400294458

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 05-045-07465-00

6. County: GARFIELD

7. Well Name: Clough

Well Number: RMV 215-21

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

Footage at surface: Distance: 2242 feet Direction: FSL Distance: 2527 feet Direction: FWL

As Drilled Latitude: 39.509646 As Drilled Longitude: -107.893854

## GPS Data:

Data 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.: 2242 feet. Direction: FSL Dist.: 2527 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 2242 feet. Direction: FSL Dist.: 2527 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) 01/30/2000 13. Date TD: 02/17/2000 14. Date Casing Set or D&amp;A: 02/19/2000

## 15. Well Classification:

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

16. Total Depth MD 7555 TVD\*\* 7555 17 Plug Back Total Depth MD 5330 TVD\*\* 5330

18. Elevations GR 5333 KB 5359

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:

Dual Injection Spectral Density Dual Spaced Neutron and CBL (all logs were submitted in the past when the well was 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
SURF	13+1/2	9+5/5	36	0	1,089	540	0	1,089	VISU
1ST	7+7/8	4+1/2	11.6	0	7,549	1,315	4,250	7,549	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	1,602		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,022		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,855		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note: 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>		
400295888	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)