

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:  
 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.: 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&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)