

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:

400284874

Date Received:

05/15/2012

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 05-045-20228-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 534-22

8. Location: QtrQtr: LOT1 Section: 27 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1004 feet Direction: FNL Distance: 716 feet Direction: FEL

As Drilled Latitude: 39.499696 As Drilled Longitude: -108.087744

GPS Data:

Data of Measurement: 03/01/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 532 feet. Direction: FSL Dist.: 2453 feet. Direction: FEL

Sec: 27 Twp: 6s Rng: 96w

** If directional footage at Bottom Hole Dist.: 527 feet. Direction: FSL Dist.: 2475 feet. Direction: FEL

Sec: 27 Twp: 6s Rng: 96w

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC34553

12. Spud Date: (when the 1st bit hit the dirt) 08/08/2011 13. Date TD: 08/14/2011 14. Date Casing Set or D&A: 08/15/2011

15. Well Classification:

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

16. Total Depth MD 7985 TVD** 7265 17 Plug Back Total Depth MD 7941 TVD** 7221

18. Elevations GR 5769 KB 5793

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 | 67 | 26 | 0 | 26 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 2,153 | 530 | 0 | 2,153 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,974 | 1,010 | 3,450 | 7,974 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf 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 | 2,494 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,782 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,469 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,856 | | <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: 5/15/2012 Email: angela.neifert-krasier@wpenergy.com**Attachment Check List**

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400284892 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2288754 | 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> | | | | | |
| 400284874 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400284889 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400284915 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|--------------------------|
| Permit | Off Hold. Attached directional survey and input GR and KB elevations per operators email. | 6/26/2012 1:16:37 PM |
| Permit | On Hold. Missing directional survey. | 6/26/2012 12:04:46 PM |

Total: 2 comment(s)