

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:

2288389

Date Received:

05/30/2012

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: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19597-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 511-21

8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2511 feet Direction: FNL Distance: 1398 feet Direction: FWL

As Drilled Latitude: 39.510761 As Drilled Longitude: -108.008150

GPS Data:

Data of Measurement: 11/01/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1140 feet. Direction: FNL Dist.: 667 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1150 feet. Direction: FNL Dist.: 639 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC62161

12. Spud Date: (when the 1st bit hit the dirt) 04/27/2011 13. Date TD: 05/02/2011 14. Date Casing Set or D&A: 05/04/2011

15. Well Classification:

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

16. Total Depth MD 8846 TVD** 8643 17 Plug Back Total Depth MD 8795 TVD** 8592

18. Elevations GR 6023 KB 6049

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:

SP/GR/HDIL/ZDL/CN AND CBL, MUD

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		0	106	40	0	106	VISU
SURF	13+1/2	9+5/8		0	901	255	0	901	VISU
1ST	8+3/4	4+1/2		0	8,830	990	3,530	8,830	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	2,932		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,267		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,928		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,770		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2288392

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 2#

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-KRAISER

Title: REGULATORY

Date: 1/30/2012

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2288391	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2288390	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>					
2288389	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400303795	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Added mud to list of logs run, attached directional template per operator, and requested digital logs.	7/10/2012 6:59:26 AM
Permit	On Hold Requested copy of directional template. Form not reviewed	7/3/2012 1:43:58 PM

Total: 2 comment(s)