

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



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Document Number:

2288399

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 J. NEIFERT-KRAISER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

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

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20223-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 311-26

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

Footage at surface: Distance: 1011 feet Direction: FNL Distance: 718 feet Direction: FEL

As Drilled Latitude: 39.499677 As Drilled Longitude: -108.087753

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.: 500 feet. Direction: FNL Dist.: 938 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 506 feet. Direction: FNL Dist.: 916 feet. Direction: FWL

Sec: 26 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/15/2011 13. Date TD: 08/21/2011 14. Date Casing Set or D&A: 08/22/2011

15. Well Classification:

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

16. Total Depth MD 7611 TVD** 7302 17 Plug Back Total Depth MD 7565 TVD** 7256

18. Elevations GR 5770 KB 5794

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	85	32	0	85	VISU
SURF	13+1/2	9+5/8		0	1,366	344	0	1,366	VISU
1ST	7+7/8	4+1/2		0	7,545	1,000	3,150	7,545	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	2,378		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,380		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,978		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,521		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2288402

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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: ANGELA NEIFERT-KRAISER

Title: REGULATORY

Date: 3/29/2012

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2288401	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2288400	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>					
2288399	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304100	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304101	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304102	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off hold. Attached directional template per operator email, added mud to list of logs run, and changed the Production footages to read FWL instead of FEL.	7/10/2012 11:49:32 AM
Permit	On hold requested directional template. Need to review form.	7/3/2012 1:33:29 PM

Total: 2 comment(s)