

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:

400306134

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: 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) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20704-00 6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 541-28
8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 315 feet Direction: FNL Distance: 530 feet Direction: FEL
As Drilled Latitude: 39.505563 As Drilled Longitude: -107.551578

GPS Data:

Data of Measurement: 07/28/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jack Kirkpatrick** If directional footage at Top of Prod. Zone Dist.: 1169 feet. Direction: FNL Dist.: 748 feet. Direction: FELSec: 28 Twp: 6s Rng: 91w** If directional footage at Bottom Hole Dist.: 1172 feet. Direction: FNL Dist.: 747 feet. Direction: FELSec: 28 Twp: 6s Rng: 91w9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2012 13. Date TD: 10/24/2012 14. Date Casing Set or D&A: 10/25/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8380 TVD** 8299 17 Plug Back Total Depth MD 8328 TVD** 823918. Elevations GR 7060 KB 7083

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:

Array Induction – Density – Neutron – Gamma-Ray, mud, CBL and FMI

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	83	32	0	83	VISU
SURF	13+1/2	9+5/8	32.3	0	1,353	360	0	1,353	VISU
1ST	7+7/8	4+1/2	11.6	0	8,360	1,603	2,542	8,360	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	
MESAVERDE	4,543		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,876		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,120		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

2169 Gals 7 1/2% HCL; 535106# 20/40 Sand; 12399 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*All flowback water entries are total estimates based on comingled volumes.

SISP#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 Specialist

Date:

Email: Angela.Neifert-Kraiser@WPXEnergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400306144	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400306141	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>					
400306139	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400306150	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)