

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:

2331910

Date Received:

03/21/2012

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-KRAIZER

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 05-045-18308-00

6. County: GARFIELD

7. Well Name: Mahaffey

Well Number: PA 444-25

8. Location: QtrQtr: SESW Section: 25 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 661 feet Direction: FSL Distance: 2361 feet Direction: FWL

As Drilled Latitude: 39.490417 As Drilled Longitude: -107.947650

GPS Data:

Data of Measurement: 10/07/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 507 feet. Direction: FSL Dist.: 624 feet. Direction: FEL

Sec: 26 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 592 feet. Direction: FEL

Sec: 25 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2010 13. Date TD: 09/26/2010 14. Date Casing Set or D&A: 09/26/2010

15. Well Classification:

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

16. Total Depth MD 8270 TVD** 7780 17 Plug Back Total Depth MD 8146 TVD** 7656

18. Elevations GR 5176 KB 5202

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:

RABL AND RESERVOIR PERFORMANCE MONITOR (RPM),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	24	18		0	85	24	0	85	VISU
SURF	13+1/2	9+5/8		0	1,180	320	0	1,180	VISU
1ST	8+3/4	4+1/2		0	8,255	1,270	3,452	8,255	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	8,210	2	8,210	8,210

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	2,031		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,632		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,130		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,110		<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 J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 10/7/2011 Email: ANGELA.NEIFERT-KRIASER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2331911	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2331912	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>					
2331910	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400303813	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Emailed operator for clarification on remedial cmenting data.	7/17/2012 2:47:23 PM
Permit	dir. template uploaded correctly.	7/16/2012 7:10:46 AM
Permit	uploaded corrected dir. template. need to confirm on MAPS. as drilled measured at time of conductor csg.	7/10/2012 7:51:00 AM
Permit	rec'd paper logs. dir. template has bad data.	6/19/2012 8:17:53 AM
Permit	on hold pending receipt of dir. template & paper CBL & RPM	5/18/2012 3:08:11 PM

Total: 5 comment(s)