

FORM
5
Rev
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:
400311459

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: Sandra Salazar
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-09941-00 6. County: GARFIELD
 7. Well Name: CLOUGH Well Number: RWF 433-18
 8. Location: QtrQtr: NWSE Section: 18 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 2213 feet Direction: FSL Distance: 2411 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 2337 feet. Direction: FSL Dist.: 1865 feet. Direction: FEL

Sec: 18 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2304 feet. Direction: FSL Dist.: 1862 feet. Direction: FEL

Sec: 18 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 62724

12. Spud Date: (when the 1st bit hit the dirt) 04/17/2004 13. Date TD: 05/05/2004 14. Date Casing Set or D&A: _____

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8642 TVD** 8600 17 Plug Back Total Depth MD 8520 TVD** 8478

18. Elevations GR 5493 KB 5516 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:

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
SURF	13+1/2	9+5/8	32.3	0	1,106	515	0	1,106	VISU
1ST	7+7/8	4+1/2	11.6	0	8,634	1,100	5,334	8,634	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,346	115	5,334	8,634

Details of work:

RWF 433-18 – Water Shut-off
 7/3/2012 - Squeezed MV 3 (6,346' – 6,543') w/ 115 sx 17 ppg Class G cement, identified leak in production casing prior to drilling out cement f/ 4,527' – 4,733', received verbal approval from David Andrews 6/25/2012 to remediate production casing leak, pumped 150 sx of 15.8 and 17# Class G cement total, drilled out cement and pressure tested below casing leak to 1,000 psi (tested good), proceeded to drill out squeeze on MV 3, drilled out below MV 3 squeeze and pressure tested to 1,000 psi (tested good), land tbg @ 8,224' w/ 260 jts on 7/3/2012, attempting to return well to production.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

REVISED Form 5 for RWF 433-18 – Water Shut-off

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Sandra Salazar

Title: Permit Technician II Date: _____ Email: Sandra.Salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400312082	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)