

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:

400313520

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: Julie Lawson

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-103-11771-00

6. County: RIO BLANCO

7. Well Name: Federal RG

Well Number: 513-14-298

8. Location: QtrQtr: NESW Section: 14 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1461 feet Direction: FSL Distance: 1710 feet Direction: FWL

As Drilled Latitude: 39.873632 As Drilled Longitude: -108.363626

GPS Data:

Data of Measurement: 01/06/2011 PDOP Reading: 1.0 GPS Instrument Operator's Name: T. Morley

** If directional footage at Top of Prod. Zone Dist.: 1693 feet. Direction: FSL Dist.: 661 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1686 feet. Direction: FSL Dist.: 659 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC066586

12. Spud Date: (when the 1st bit hit the dirt) 04/03/2011 13. Date TD: 04/26/2011 14. Date Casing Set or D&A: 04/27/2011

15. Well Classification:

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

16. Total Depth MD 10945 TVD** 10842 17 Plug Back Total Depth MD 10890 TVD** 10787

18. Elevations GR 6603 KB 6625

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:

CBL/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 | 48 | 0 | 80 | 135 | 0 | 80 | VISU |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 3,245 | 1,381 | 0 | 3,245 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 10,935 | 1,337 | 5,811 | 10,935 | 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 | 4,426 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 6,286 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 9,128 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,735 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 9,861 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 10,086 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SEGO | 10,433 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

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

Signed: _____

Print Name: Julie Lawson

Title: Permit Tech II

Date:

Email: julie.lawson@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400313536 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400313534 | 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> | | | | | |
| 400313520 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400313533 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)