

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:

400316264

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 05-045-20839-00 6. County: GARFIELD  
 7. Well Name: Bosely Well Number: GM 414-14  
 8. Location: QtrQtr: NENW Section: 23 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1121 feet Direction: FNL Distance: 1481 feet Direction: FWL  
 As Drilled Latitude: 39.427357 As Drilled Longitude: -108.081709

GPS Data:

Date of Measurement: 12/15/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 557 feet. Direction: FSL Dist.: 512 feet. Direction: FWL  
 Sec: 14 Twp: 7s Rng: 96w

\*\* If directional footage at Bottom Hole Dist.: 541 feet. Direction: FSL Dist.: 491 feet. Direction: FWL  
 Sec: 14 Twp: 7s Rng: 96w

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC27874

12. Spud Date: (when the 1st bit hit the dirt) 03/13/2012 13. Date TD: 03/17/2012 14. Date Casing Set or D&A: 03/19/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6100 TVD\*\* 5484 17 Plug Back Total Depth MD 6094 TVD\*\* 5523

18. Elevations GR 5134 KB 5158 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, Mud, and Reservoir Performance Monitor (RPM)

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	80	39	0	80	VISU
SURF	13+1/2	9+5/8	32.3	0	1,423	360	0	1,423	VISU
1ST	7+7/8	4+1/2	11.6	0	6,078	980	3,032	6,078	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	1,117		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,032		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,475		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,972		<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 Neifert-Kraiser

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: angela.neifert-kraiser@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400316301	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400316302	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>			
400316300	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400316329	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)