

**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:  
400325681

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 05-045-19550-00 6. County: GARFIELD  
 7. Well Name: Federal Well Number: PA 12-29  
 8. Location: QtrQtr: SESW Section: 29 Township: 6S Range: 95W Meridian: 6  
 Footage at surface: Distance: 618 feet Direction: FSL Distance: 2214 feet Direction: FWL  
 As Drilled Latitude: 39.489951 As Drilled Longitude: -108.023247

GPS Data:  
 Date of Measurement: 06/30/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 2090 feet. Direction: FNL Dist.: 250 feet. Direction: FWL  
 Sec: 29 Twp: 6S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 2092 feet. Direction: FNL Dist.: 236 feet. Direction: FWL  
 Sec: 29 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
 11. Federal, Indian or State Lease Number: 62162

12. Spud Date: (when the 1st bit hit the dirt) 04/24/2012 13. Date TD: 05/02/2012 14. Date Casing Set or D&A: 07/04/2012

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

16. Total Depth MD 8715 TVD\*\* 7660 17 Plug Back Total Depth MD 8659 TVD\*\* 7604

18. Elevations GR 5675 KB 5701 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	26	18	48	0	63	23	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	2,622	610	0	2,622	VISU
1ST	7+7/8	4+1/2	11.6	0	8,694	980	6,235	8,694	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/04/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,600	200	3,750	

Details of work:

7/3/2012 - Perf 2 squeeze perfs @ 4600'; Establish injection rate of 2.5 BPM @ 1600 psi w/rig pump.  
 Set Cement Retainer @ 4550', RD wireline.  
 MU Stinger, RIH to sting into retainer @ 4550'.  
 7/4/2012- Space out tbg pups and sting into retainer.  
 Pump 200 sacks 15.8lb Mountain G Cement, Displace w/ 17.5 bbls to leave .5 bbls cement on top of retainer. Full returns up braden during entire squeeze.

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	2,313		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,095		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,900		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,530		<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 ?	
<b>Attachment Checklist</b>			
400325704	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400325701	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"/>
<b>Other Attachments</b>			
400325699	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)