

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



DE ET OE ES

Document Number:

400329754

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

5. API Number 05-045-17628-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: RWF 414-18
8. Location: QtrQtr: SESW Section: 18 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 220 feet Direction: FSL Distance: 1624 feet Direction: FWL
As Drilled Latitude: 39.518232 As Drilled Longitude: -107.932472

GPS Data:

Date of Measurement: 05/06/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 619 feet. Direction: FSL Dist.: 1115 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 628 feet. Direction: FSL Dist.: 1123 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC62160

12. Spud Date: (when the 1st bit hit the dirt) 02/26/2010 13. Date TD: 03/14/2010 14. Date Casing Set or D&A: 03/16/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9560 TVD** 9524 17 Plug Back Total Depth MD 8602 TVD** 8566

18. Elevations GR 5972 KB 5998

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:

RPM and CBL

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	60	22	0	60	VISU
SURF	13+1/2	9+5/8	32.3	0	1,115	320	0	1,115	VISU
1ST	7+7/8	4+1/2	11.6	0	9,537	1,220	4,800	9,537	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		200	4,700	4,700

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	2,687		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,126		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,698		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,644		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,983		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,293		<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.

Surface Pressure = 0

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			
400329899	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400329901	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"/>
Other Attachments			
400329919	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)