

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:

400331407

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 05-045-20452-00  
6. County: GARFIELD  
7. Well Name: Savage  
Well Number: RWF 42-34  
8. Location: QtrQtr: SWNW Section: 35 Township: 6S Range: 94W Meridian: 6  
Footage at surface: Distance: 1999 feet Direction: FNL Distance: 531 feet Direction: FWL  
As Drilled Latitude: 39.483483 As Drilled Longitude: -107.862898

GPS Data:

Date of Measurement: 06/16/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1306 feet. Direction: FNL Dist.: 797 feet. Direction: FEL

Sec: 34 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1324 feet. Direction: FNL Dist.: 822 feet. Direction: FEL

Sec: 34 Twp: 6S Rng: 94W

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

12. Spud Date: (when the 1st bit hit the dirt) 06/01/2012 13. Date TD: 06/08/2012 14. Date Casing Set or D&A: 06/09/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7925 TVD\*\* 7673 17 Plug Back Total Depth MD 7859 TVD\*\* 7607

18. Elevations GR 5550 KB 5576  
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	59	22	0	59	VISU
SURF	13+1/2	9+5/8	32.3	0	1,120	350	0	1,120	VISU
1ST	8+3/4	4+1/2	11.6	0	7,895	1,260	3,100	7,895	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	1,515		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,213		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,969		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,839		<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 ?	
<u>Attachment Checklist</u>			
400331540	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400331429	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>			
400331427	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)