

FORM
5
Rev
02/08



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Document Number:
400309491

Date Received:
07/30/2012

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 05-045-20987-00 6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 334-8
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 192 feet Direction: FSL Distance: 2380 feet Direction: FWL
As Drilled Latitude: 39.535522 As Drilled Longitude: -107.579600

GPS Data:
Date of Measurement: 10/07/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 917 feet. Direction: FSL Dist.: 2003 feet. Direction: FEL
Sec: 8 Twp: 6s Rng: 91w
** If directional footage at Bottom Hole Dist.: 930 feet. Direction: FSL Dist.: 2007 feet. Direction: FEL
Sec: 8 Twp: 6s Rng: 91w

9. Field Name: KOKOPELLI 10. Field Number: 47525
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/02/2011 13. Date TD: 12/07/2011 14. Date Casing Set or D&A: 12/09/2011

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

16. Total Depth MD 7340 TVD** 7144 17 Plug Back Total Depth MD 7285 TVD** 7089

18. Elevations GR 6526 KB 6552 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:
SP/GR/HDIL/ZDL/CN/MUD/CBL 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	85	32	0	85	VISU
SURF	13+1/2	9+5/8	32.3	0	1,294	330	0	1,294	VISU
1ST	7+7/8	4+1/2	11.6	0	7,322	1,115	3,960	7,322	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	
MESAVERDE	3,473		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,943		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,194		<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.

*All flowback water entries are total estimates based on comingled volumes.

SISP#0

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: 7/30/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400310929	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400309511	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>			
400309491	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309510	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309512	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)