

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:

400317316

Date Received:

08/20/2012

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 05-045-20426-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: PA 541-29
 8. Location: QtrQtr: NWNW Section: 28 Township: 6S Range: 95W Meridian: 6
 Footage at surface: Distance: 335 feet Direction: FNL Distance: 170 feet Direction: FWL
 As Drilled Latitude: 39.501578 As Drilled Longitude: -108.011631

GPS Data:

Data of Measurement: 08/16/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1125 feet. Direction: FNL Dist.: 527 feet. Direction: FEL

Sec: 29 Twp: 6s Rng: 95w

** If directional footage at Bottom Hole Dist.: 1155 feet. Direction: FNL Dist.: 525 feet. Direction: FEL

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) 11/11/2011 13. Date TD: 11/19/2011 14. Date Casing Set or D&A: 11/20/2011

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

16. Total Depth MD 8231 TVD** 8120 17 Plug Back Total Depth MD 8175 TVD** 8064

18. Elevations GR 5965 KB 5991
 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	66	32	0	66	VISU
SURF	13+1/2	9+5/8	32.3	0	2,759	610	0	2,759	VISU
1ST	7+7/8	4+1/2	11.6	0	8,211	960	3,260	8,211	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	2,487		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,711		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,386		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,107		<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#21

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: 8/20/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400317342	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400317343	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>			
400317316	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317341	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317351	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)