

FORM  
5Rev  
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:

400324108

Date Received:

09/05/2012

## 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: Sandra Salazar

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-12802-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: RWF 411-9

8. Location: QtrQtr: NESE Section: 8 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2500 feet Direction: FSL Distance: 329 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 10/07/2007 13. Date TD: 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9644 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5980 KB 6004

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:

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
SURF	13+1/2	9+5/8	32.3	0	5,174	1,335	0	5,174	VISU
1ST	7+7/8	4+1/2	11.6	0	9,624	1,384	9,517	9,624	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		115	7,090	7,243

Details of work:

12/28/2011 - Squeezed MV 5 (7,090' – 7,243') w/ 115 sx 17 ppg Class G cement, drilled out cement and pressure tested squeeze holes to 1,000 psi (tested good), land tbg @ 9,075' w/ 277 jts on 12/28/2011, well returned to production.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The revised form is to report the squeeze done on the MV 5 on 12/28/11. See "Stage Out/Remedial Cement" section of this Form 5.

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: 9/5/2012 Email: sandra.salazar@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400324128	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400324108	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Squeezed off MV perms 7090-7243 on 12/28/11.	11/6/2012 9:11:35 AM

Total: 1 comment(s)