

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:

400349156

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 05-045-20455-00
6. County: GARFIELD
7. Well Name: Savage
Well Number: RWF 422-35
8. Location: QtrQtr: SWNW Section: 35 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 2016 feet Direction: FNL Distance: 539 feet Direction: FWL
As Drilled Latitude: 39.483439 As Drilled Longitude: -107.862874

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

** If directional footage at Top of Prod. Zone Dist.: 1675 feet. Direction: FNL Dist.: 1982 feet. Direction: FWL
Sec: 35 Twp: 6S Rng: 94W
** If directional footage at Bottom Hole Dist.: 1692 feet. Direction: FNL Dist.: 1965 feet. Direction: FWL
Sec: 35 Twp: 6S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400
11. Federal, Indian or State Lease Number: COC07506

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2012 13. Date TD: 06/23/2012 14. Date Casing Set or D&A: 06/24/2012

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

16. Total Depth MD 7970 TVD** 7731 17 Plug Back Total Depth MD 7923 TVD** 7630

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/CBL/MUDLOGS

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	40	15	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,140	380	0	1,140	VISU
1ST	7+7/8	4+1/2	11.6	0	7,957	1,290	3,178	7,957	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	1,606		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,188		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,019		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,931		<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			
400349181	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400349182	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			
400349186	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)