

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:

400333388

Date Received:

10/05/2012

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  
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: Angela Neifert-Kraiser  
Phone: (303) 606-4398  
Fax: (303) 629-8268

5. API Number 05-045-21202-00  
6. County: GARFIELD  
7. Well Name: Jolley  
Well Number: KP 324-9  
8. Location: QtrQtr: NWNW Section: 16 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 608 feet Direction: FNL Distance: 704 feet Direction: FWL  
As Drilled Latitude: 39.533411 As Drilled Longitude: -107.566793

GPS Data:

Date of Measurement: 07/26/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: T. MORLEY

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

Sec: 9 Twp: 6s Rng: 91w

\*\* If directional footage at Bottom Hole Dist.: 848 feet. Direction: FSL Dist.: 1994 feet. Direction: FWL

Sec: 9 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) 09/22/2012 13. Date TD: 09/30/2012 14. Date Casing Set or D&A: 10/01/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7725 TVD\*\* 7176 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6632 KB 6658

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, MUD

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	60	44	0	60	VISU
SURF	13+1/2	9+5/8	32.3	0	1,425	380	0	1,425	VISU
1ST	7+7/8	4+1/2	11.6	0	7,704	1,190	5,810	7,704	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	3,741		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,221		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,473		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Deferred completion until end of 2013

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

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: 10/5/2012 Email: angela.neifert-kraiser@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400333987	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400333524	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>			
400333388	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400333523	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400333525	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Cement summary on surface pipe requested.	11/26/2012 8:14:46 AM

Total: 1 comment(s)