

**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



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Document Number:

400342267

Date Received:

11/01/2012

**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: <u>96850</u>	4. Contact Name: <u>Sandra Salazar</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-21046-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Duggan</u>	Well Number: <u>RWF 322-32</u>
8. Location:    QtrQtr: <u>NENW</u> Section: <u>32</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
Footage at surface:    Distance: <u>1086</u> feet    Direction: <u>FNL</u> Distance: <u>1355</u> feet    Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.485722</u> As Drilled Longitude: <u>-107.915715</u>	

GPS Data:

Date of Measurement: 10/12/2011    PDOP Reading: 2.0    GPS Instrument Operator's Name: Jack Kirkpatrick

\*\* If directional footage at Top of Prod. Zone    Dist.: 1718 feet. Direction: FNL    Dist.: 1725 feet. Direction: FWL

Sec: 32    Twp: 6S    Rng: 94W

\*\* If directional footage at Bottom Hole    Dist.: 1726 feet. Direction: FNL    Dist.: 1747 feet. Direction: FWL

Sec: 32    Twp: 6S    Rng: 94W

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) 12/06/2011    13. Date TD: 12/13/2011    14. Date Casing Set or D&A: 12/14/2011

15. Well Classification:

Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

16. Total Depth    MD 7945    TVD\*\* 7890    17 Plug Back Total Depth    MD 7900    TVD\*\* 7845

18. Elevations    GR 5538    KB 5560

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	62	23	0	62	VISU
SURF	13+1/2	9+5/8	32.3	0	1,153	320	0	1,153	VISU
1ST	8+3/4	4+1/2	11.6	0	7,928	1,355	2,650	7,928	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	1,973		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,285		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,911		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,849		<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: 11/1/2012 Email: sandra.salazar@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400342290	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400342291	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>			
400342267	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400342286	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)