

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



DE ET OE ES

Document Number:

400311158

Date Received:

11/15/2012

## 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: Howard Harris

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4086

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20775-00

6. County: GARFIELD

7. Well Name: Hoeppli

Well Number: RWF 511-36

8. Location: QtrQtr: SENW Section: 36 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1552 feet Direction: FNL Distance: 1691 feet Direction: FWL

As Drilled Latitude: 39.485195 As Drilled Longitude: -107.839974

## GPS Data:

Data of Measurement: 12/21/2011 PDOP Reading: 0.9 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 1133 feet. Direction: FNL Dist.: 1121 feet. Direction: FWL

Sec: 36 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1146 feet. Direction: FNL Dist.: 1104 feet. Direction: FWL

Sec: 36 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) 02/11/2012 13. Date TD: 02/21/2012 14. Date Casing Set or D&amp;A: 02/21/2012

## 15. Well Classification:

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

16. Total Depth MD 8756 TVD\*\* 8709 17 Plug Back Total Depth MD 8674 TVD\*\* 8627

18. Elevations GR 6387 KB 6413

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 and CBL, Mud Log

## 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	45	25	0	45	VISU
SURF	13+1/2	9+5/8	32.3	0	1,160	320	0	1,160	VISU
1ST	8+3/4	4+1/2	11.6	0	8,741	1,240	4,650	8,741	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	2,357		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,877	7,760	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,760	8,621	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,621		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note the As drilled GPs information provided is actual data from the existing well conductor location prior to surface hole spud date.

All flowback water entries are total estimates based on commingled volumes.

SISP = 0psi

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Howard Harris

Title: Sr. Regulatory Specialist

Date: 11/15/2012

Email: howard.harris@wpenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400347033	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400347032	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>					
400311158	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400347015	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)