

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:

400380867

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

5. API Number 05-045-20075-00
6. County: GARFIELD
7. Well Name: Savage
Well Number: PA 514-4
8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 1469 feet Direction: FSL Distance: 1457 feet Direction: FWL
As Drilled Latitude: 39.463379 As Drilled Longitude: -108.006826

GPS Data:

Data of Measurement: 02/16/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 172 feet. Direction: FSL Dist.: 686 feet. Direction: FWL
Sec: 4 Twp: 7s Rng: 95w

** If directional footage at Bottom Hole Dist.: 163 feet. Direction: FSL Dist.: 700 feet. Direction: FWL
Sec: 4 Twp: 7s Rng: 95w

9. Field Name: PARACHUTE 10. Field Number: 67350
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/30/2012 13. Date TD: 11/05/2012 14. Date Casing Set or D&A: 11/05/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7225 TVD** 6936 17 Plug Back Total Depth MD 7173 TVD** 6884

18. Elevations GR 5586 KB 5612

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:

Gamma Ray, High Definition Induction Log, Compensated Z-Densilog, Compensated Neutron Log, Mud, RPM and CBL

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	68	32	0	68	VISU
SURF	13+1/2	9+5/8	32.3	0	911	275	0	911	VISU
1ST	7+7/8	4+1/2	11.6	0	7,211	1,060	3,370	7,211	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	1,820		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,976		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,131		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,053		<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.
SISP#0

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: _____ Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400380874	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400380878	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>			
400380892	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400381275	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)