

**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.

Document Number:  
400424883

Date Received:

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 96850 4. Contact Name: Angela Neifert-Kraiser  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20086-00 6. County: GARFIELD  
 7. Well Name: Savage Well Number: PA 344-5  
 8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1488 feet Direction: FSL Distance: 1446 feet Direction: FWL  
 As Drilled Latitude: 39.463432 As Drilled Longitude: -108.006868

GPS Data:  
 Date of Measurement: 02/16/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1277 feet. Direction: FSL Dist.: 771 feet. Direction: FEL  
 Sec: 5 Twp: 7s Rng: 95w  
 \*\* If directional footage at Bottom Hole Dist.: 1280 feet. Direction: FSL Dist.: 767 feet. Direction: FEL  
 Sec: 5 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) 12/10/2012 13. Date TD: 12/16/2012 14. Date Casing Set or D&A: 12/17/2012

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

16. Total Depth MD 7522 TVD\*\* 6898 17 Plug Back Total Depth MD 7477 TVD\*\* 6855

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:  
CBL, Mud, and Reservoir Performance Monitor (RPM)

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	61	23	0	61	VISU
SURF	13+1/2	9+5/8	32.3	0	1,199	320	0	1,199	VISU
1ST	7+7/8	4+1/2	11.6	0	7,510	1,070	5,418	7,510	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	2,147		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,320		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,535		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,408		<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 ?	
<b>Attachment Checklist</b>			
400424920	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400424917	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"/>
<b>Other Attachments</b>			
400424914	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400424935	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)