

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:

400456641

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: Sandra Salazar
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-21474-00
6. County: GARFIELD
7. Well Name: Hoeppli Well Number: RWF 413-36
8. Location: QtrQtr: SENW Section: 36 Township: 6S Range: 94W Meridian: 6
Footage at surface: Distance: 2601 feet Direction: FNL Distance: 2627 feet Direction: FWL
As Drilled Latitude: 39.482333 As Drilled Longitude: -107.836670

GPS Data:

Date of Measurement: 08/09/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Jack Kirkpatrick

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

Sec: 36 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 1927 feet. Direction: FSL Dist.: 1081 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) 01/16/2013 13. Date TD: 01/27/2013 14. Date Casing Set or D&A: 01/30/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9968 TVD** 9682 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6528 KB 6554

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:

SP/GR/HDIL/ZDL/CN/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	40	15	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,158	320	0	1,158	VISU
1ST	8+3/4	4+1/2	11.6	0	9,948	1,690		9,948	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	2,600		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,206		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,060		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,873		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,362		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,712		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WELL IS WAITING ON COMPLETION BUT CURRENTLY TEMPORARILY PRODUCING OUT OF THE CORCORAN ONLY.

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: _____ Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400456920	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)