

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:

400471475

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

4. Contact Name: Michele Weybright

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 6298449

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21820-00

6. County: GARFIELD

7. Well Name: Goldsborough

Well Number: PA 321-11

8. Location: QtrQtr: SENW Section: 11 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 2403 feet Direction: FNL Distance: 2090 feet Direction: FWL

As Drilled Latitude: 39.452912 As Drilled Longitude: -107.967264

GPS Data:

Data of Measurement: 12/20/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 538 feet. Direction: FNL Dist.: 2055 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 538 feet. Direction: FNL Dist.: 2027 feet. Direction: FWL

Sec: 11 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) 06/05/2013 13. Date TD: 06/11/2013 14. Date Casing Set or D&A: 06/11/2013

15. Well Classification:

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

16. Total Depth MD 8168 TVD** 7823 17 Plug Back Total Depth MD 8117 TVD** 7772

18. Elevations GR 6275 KB 6296

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 | 24 | 18 | 48 | 0 | 63 | 23 | 0 | 63 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 941 | 260 | 0 | 941 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 8,146 | 1,165 | 4,166 | 8,146 | 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 | 2,442 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,733 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,198 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,072 | | <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: Michele L Weybright

Title: Permit Technician I

Date:

Email: michele.veybright@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400474084 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400471485 | 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> | | | | | |
| 400471486 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)