

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



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| DE | ET | OE | ES |
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Document Number:
400464770

Date Received:
08/08/2013

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 05-045-20892-00 6. County: GARFIELD
 7. Well Name: Diamond Elk, LLC Well Number: PA 343-2
 8. Location: QtrQtr: NWSW Section: 1 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 2319 feet Direction: FSL Distance: 682 feet Direction: FWL
 As Drilled Latitude: 39.466066 As Drilled Longitude: -107.953973

GPS Data:
 Date of Measurement: 10/26/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1948 feet. Direction: FSL Dist.: 713 feet. Direction: FEL
 Sec: 2 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1930 feet. Direction: FSL Dist.: 740 feet. Direction: FEL
 Sec: 2 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: COC073097

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2013 13. Date TD: 04/17/2013 14. Date Casing Set or D&A: 04/10/2013

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

16. Total Depth MD 8083 TVD** 7870 17 Plug Back Total Depth MD 8031 TVD** 7818

18. Elevations GR 6027 KB 6053 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 | 40 | 66 | 0 | 40 | VISU |
| SURF | 13+1/2 | 9+5/8 | 32.3 | 0 | 981 | 265 | 0 | 981 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,063 | 1,475 | 2,320 | 8,063 | 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 | 2,308 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 4,613 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,011 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,955 | | <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: 8/8/2013 Email: michele.weybright@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400464780 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400464778 | 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> | | | |
| 400464770 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400464781 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)