

**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:

400562921

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: 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 05-103-11785-00

6. County: RIO BLANCO

7. Well Name: Federal

Well Number: RGU 424-23-198

8. Location: QtrQtr: NESW Section: 23 Township: 1S Range: 98W Meridian: 6

Footage at surface: Distance: 1757 feet Direction: FSL Distance: 1931 feet Direction: FWL

As Drilled Latitude: 39.946709 As Drilled Longitude: -108.362568

GPS Data:

Data of Measurement: 02/12/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 651 feet. Direction: FSL Dist.: 1904 feet. Direction: FWL

Sec: 23 Twp: 1s Rng: 98w

** If directional footage at Bottom Hole Dist.: 645 feet. Direction: FSL Dist.: 1862 feet. Direction: FWL

Sec: 23 Twp: 1s Rng: 98w

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC60732

12. Spud Date: (when the 1st bit hit the dirt) 04/14/2013 13. Date TD: 05/06/2013 14. Date Casing Set or D&A: 05/07/2013

15. Well Classification:

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

16. Total Depth MD 12508 TVD** 12416 17 Plug Back Total Depth MD 12462 TVD** 12370

18. Elevations GR 6543 KB 6564

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)

have previously been uploaded to the COGCC website

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	30	18	48	0	105	50	0	105	VISU
SURF	14+3/4	9+5/8	36	0	3,900	2,220	0	3,900	VISU
1ST	8+3/4	4+1/2	11.6	0	12,495	1,725	4,580	12,495	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,750	1,165	1,700	1,750

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	3,401		<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G	5,656		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,722		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,714		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,309		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,435		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,658		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,051		<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.

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>					
400563011	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400563012	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>					
400563040	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)