

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:

400563539

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: <u>96850</u>	4. Contact Name: <u>GINA RANDOLPH</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 260-4509</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-103-11956-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>Federal</u>	Well Number: <u>RGU 422-27-198</u>
8. Location: QtrQtr: <u>LOT6</u> Section: <u>27</u> Township: <u>1S</u> Range: <u>98W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2107</u> feet Direction: <u>FNL</u> Distance: <u>2139</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.936128</u> As Drilled Longitude: <u>-108.379952</u>	

GPS Data:

Data of Measurement: 07/03/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: W. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2155 feet. Direction: FNL Dist.: 1961 feet. Direction: FWL  
Sec: 27 Twp: 1S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 2164 feet. Direction: FNL Dist.: 1919 feet. Direction: FWL  
Sec: 27 Twp: 1S Rng: 98W

9. Field Name: <u>SULPHUR CREEK</u>	10. Field Number: <u>80090</u>
11. Federal, Indian or State Lease Number: <u>COC50731</u>	

12. Spud Date: (when the 1st bit hit the dirt) <u>08/06/2013</u>	13. Date TD: <u>08/31/2013</u>	14. Date Casing Set or D&A: <u>08/24/2013</u>
--	--------------------------------	---

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD <u>11907</u> TVD** <u>11897</u>	17 Plug Back Total Depth MD <u>11863</u> TVD** <u>11853</u>
--	---

18. Elevations GR <u>6560</u> KB <u>6581</u>
--

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/CBL/MUDLOGS

\*\*NOTE: LAS\_SENT\_TO\_COGCC\_BY TECH\_10/16/2013 PDF FORMAT.

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	84	31	0	84	
SURF	14+3/4	9+5/8	36	0	3,721	1,590	0	3,721	
1ST	8+3/4	4+1/2	11.6	0	11,897	1,675	4,650	11,897	

### 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	5,291		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,246		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,130		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,875		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,081		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,700		<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.

Surface Pressure = 0

**\*\*NOTE: LAS\_SENT\_TO\_COGCC\_BY TECH\_10/16/2013 PDF FORMAT.**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: GINA RANDOLPH

Title: PERMIT TECH II

Date:

Email: GINA.RANDOLPH@WPXENERGY.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400563590	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400563593	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>			
400563585	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400563595	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)