

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



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Document Number:

400564395

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 05-045-22056-00

6. County: GARFIELD

7. Well Name: Morgan

Well Number: CMU 323-33

8. Location: QtrQtr: SENW Section: 33 Township: 6S Range: 90W Meridian: 6

Footage at surface: Distance: 1762 feet Direction: FNL Distance: 2614 feet Direction: FWL

As Drilled Latitude: 39.488187 As Drilled Longitude: -107.446466

GPS Data:

Data of Measurement: 08/07/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2216 feet. Direction: FSL Dist.: 2000 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 90W

** If directional footage at Bottom Hole Dist.: 2184 feet. Direction: FSL Dist.: 1974 feet. Direction: FWL

Sec: 33 Twp: 6S Rng: 90W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/19/2013 13. Date TD: 09/03/2013 14. Date Casing Set or D&A: 09/04/2013

15. Well Classification:

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

16. Total Depth MD 10816 TVD** 10627 17 Plug Back Total Depth MD 10750 TVD** 10561

18. Elevations GR 7239 KB 7265

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/MUD and CBL FMI

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	26	18	48	0	60	50	0	60	VISU
SURF	13+1/2	9+5/8	32.3	0	1,163	320	0	1,163	VISU
1ST	8+3/4	4+1/2	11.6	0	10,795	2,410	3,090	10,795	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	
MESAVERDE	6,018		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,796		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,013		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,655		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,881		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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-KraiserTitle: Regulatory Specialist Date: _____ Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400564469	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
400564468	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)