

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: <p style="text-align: center;">400565001</p> Date Received:	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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>05-045-21975-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Savage</u>		Well Number: <u>RWF 312-25</u>					
8. Location: QtrQtr: <u>SENW</u> Section: <u>25</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2482</u> feet Direction: <u>FNL</u>		Distance: <u>1397</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.496995</u>		As Drilled Longitude: <u>-107.841107</u>					
GPS Data: Date of Measurement: <u>08/16/2013</u> PDOP Reading: <u>1.7</u> GPS Instrument Operator's Name: <u>J. KIRKPATRICK</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1433</u> feet. Direction: <u>FNL</u> Dist.: <u>772</u> feet. Direction: <u>FWL</u>					
Sec: <u>25</u> Twp: <u>6S</u> Rng: <u>94W</u>							
** If directional footage at Bottom Hole		Dist.: <u>1479</u> feet. Direction: <u>FNL</u> Dist.: <u>759</u> feet. Direction: <u>FWL</u>					
Sec: <u>25</u> Twp: <u>6S</u> Rng: <u>94W</u>							
9. Field Name: <u>RULISON</u>		10. Field Number: <u>75400</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>01/04/2014</u> 13. Date TD: <u>01/11/2014</u> 14. Date Casing Set or D&A: <u>01/12/2014</u>							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>8730</u> TVD** <u>8587</u>		17 Plug Back Total Depth MD <u>8592</u> TVD** <u>8449</u>					
18. Elevations GR <u>6037</u> KB <u>6058</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: <u>RPM/CBL/MUDLOGS</u> **WELL LOGS ATTACHED.							
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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,149	320	0	1,149	VISU
1ST	8+3/4	4+1/2	11.6	0	8,730	1,250	4,070	8,730	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	2,221		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,835		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,720		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,574		<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

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 ?	
Attachment Checklist			
400565082	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400565084	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400565048	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565052	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565055	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565057	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565059	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565086	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400565087	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)