

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



DE ET OE ES

Document Number:

400574926

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: Sandra Salazar

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-06585-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: DOE 2-W-27

8. Location: QtrQtr: SENE Section: 27 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2406 feet Direction: FNL Distance: 633 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 1628 feet. Direction: FNL Dist.: 839 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1177 feet. Direction: FNL Dist.: 912 feet. Direction: FEL

Sec: 27 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: 62161

12. Spud Date: (when the 1st bit hit the dirt) 09/14/1989 13. Date TD: 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 3900 TVD\*\* 3615 17 Plug Back Total Depth MD 3700 TVD\*\* 3433

18. Elevations GR 5863 KB 5854

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:

LOGS SUBMITTED WITH ORIGINAL FORM 5 SUBMITTED ON 03/14/90

## 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           | 13+3/8         | 24    | 0             | 29            |           | 0       | 29      | VISU   |
| SURF        | 12+1/4       | 8+5/8          | 24    | 0             | 226           | 150       | 0       | 226     | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 10    | 0             | 3,848         | 500       | 2,009   | 3,848   | 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        | 2,804          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

THE FORM 5 IS BEING REVISED TO INFORM THE COGCC THE WELL IS BEING CONVERTED FROM A PRODUCER TO AN INJECTOR/DISPOSAL WELL.

Logs provided with original Form 5 filed on 03/14/90.

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

Signed: \_\_\_\_\_ Print Name: Sandra Salazar

Title: Permit Technician II

Date:

Email: sandra.salazar@wpenergy.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                          |    |                                     |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                          |    |                                     |
|                             | CMT Summary *         | Yes        | <input type="checkbox"/> | No | <input checked="" 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"/> |

### General Comments

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

Total: 0 comment(s)