

Document Number:
400594837

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

5. API Number 05-045-21018-00 6. County: GARFIELD
 7. Well Name: Patterson Well Number: SG 533-27
 8. Location: QtrQtr: SESW Section: 27 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1158 feet Direction: FSL Distance: 1875 feet Direction: FWL
 As Drilled Latitude: 39.404424 As Drilled Longitude: -108.098552

GPS Data:
 Date of Measurement: 12/21/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1519 feet. Direction: FSL Dist.: 2240 feet. Direction: FEL
 Sec: 27 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1534 feet. Direction: FSL Dist.: 2201 feet. Direction: FEL
 Sec: 27 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2012 13. Date TD: 05/15/2012 14. Date Casing Set or D&A: 05/15/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5280 TVD** 4998 17 Plug Back Total Depth MD 5238 TVD** 4956

18. Elevations GR 5013 KB 5039 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:

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	29	18	48	0	64	38	0	64	VISU
SURF	13+1/2	9+5/8	32.3	0	1,511	395	0	1,511	VISU
1ST	7+7/8	4+1/2	11.6	0	5,273	890	1,510	5,273	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	1,530	100	1,510	1,530

Details of work:

4/1/2014 – MIRU workover unit

4/2/2014 – Unland tubing and RIH. Tag at 5,117', 28' below bottom perf. POOH with tubing. Pick up retrievable bridge plug (RBP) and RIH. Set at 1,594'. Test plug to 1500 psi, test good. Lay down 2 joints of tubing and spot 2 buckets of sand on top of plug. POOH with tubing. MIRU wireline. RIH and tag at 1,577'. Run CBL from tag to 800', POOH. Send results to Denver. RIH and perforate 4 holes at 1,530'. RD wireline. Pump injection test.

4/3/2014 – MIRU cement crew. Pump 50 sks 16ppg cement (1.14 yield) and 50 sks 17 ppg (.99 yield) tail cement. Displaced to 1 bbl over top perf and shut down with 2150 psi on casing. RD cement crew and WOC.

4/4/2014 – Bradenhead 0 psi. Pick up bit, scraper, drill collars and tubing. RIH and tag at 1234'. Drill cement to 1506'. Pressure test squeeze holes to 1000 psi, test good. Continue to drill out cement to 1,580', then fell free. Clean out sand down to RBP at 1,594' and circulate well clean. POOH and lay down tools. MIRU wireline. Run CBL from 1,589' to 800'. New TOC 1,510'. Pick up retrieving tool and RIH. Latch onto plug and POOH. Lay down plug. Pick up BHA and RIH. Land tubing at 4943'. RD workover unit and turn well back over to production.

Kristin Trahan
Petroleum Engineer Sr E&P

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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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

REPORTING SQUEEZE PROCEDURE DONE AND NEW TOP OF CEMENT.

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@WPENERGY

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400594857	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400594856	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"/>
400594847	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400594842	WELLBORE DIAGRAM	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)