

**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:

400612502

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 05-045-21968-00

6. County: GARFIELD

7. Well Name: Savage

Well Number: RWF 421-25

8. Location: QtrQtr: SENW Section: 25 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2449 feet Direction: FNL Distance: 1439 feet Direction: FWL

As Drilled Latitude: 39.497087 As Drilled Longitude: -107.840961

## GPS Data:

Data of Measurement: 08/16/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1068 feet. Direction: FNL Dist.: 2121 feet. Direction: FWL

Sec: 25 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 1088 feet. Direction: FNL Dist.: 2099 feet. Direction: FWL

Sec: 25 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/14/2014 13. Date TD: 03/21/2014 14. Date Casing Set or D&amp;A: 03/22/2014

## 15. Well Classification:

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

16. Total Depth MD 8864 TVD\*\* 8641 17 Plug Back Total Depth MD 8782 TVD\*\* 8559

18. Elevations GR 6037 KB 6058

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:

RPM CBL MUDLOGS

\*\*NOTE: LOGS ARE ATTACHED TO THIS WELL COMPLETION REPORT.

## 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             | 1,135         | 320       | 0       | 1,135   | VISU   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 8,841         | 1,260     | 4,032   | 8,841   | 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      | 2,242          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 4,947          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 7,852          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 8,690          |        | <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 ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400612541                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400612535                   | 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"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400612510                   | PDF-CBL 1ST RUN       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612514                   | PDF-PULSED NEUTRON    | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612525                   | LAS-PULSED NEUTRON    | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612528                   | PDF-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612529                   | LAS-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612533                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400612534                   | 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)