

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:

400614691

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: Michele Weybright  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 6298449  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-14833-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: PA 24-31  
 8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 95W Meridian: 6  
 Footage at surface: Distance: 634 feet Direction: FSL Distance: 1248 feet Direction: FWL  
 As Drilled Latitude: 39.475856 As Drilled Longitude: -108.044300

## GPS Data:

Data of Measurement: 10/15/2088 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 981 feet. Direction: FSL Dist.: 1161 feet. Direction: FWL

Sec: 31 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 974 feet. Direction: FSL Dist.: 1156 feet. Direction: FWL

Sec: 31 Twp: 6W Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC62162

12. Spud Date: (when the 1st bit hit the dirt) 05/01/2008 13. Date TD: 05/07/2008 14. Date Casing Set or D&amp;A: 05/09/2008

## 15. Well Classification:

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

16. Total Depth MD 7030 TVD\*\* 7014 17 Plug Back Total Depth MD 6935 TVD\*\* 6919

18. Elevations GR 5561 KB 5585 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	24	18	48	0	65	24	0	65	VISU
SURF	13+1/2	9+5/8	32.3	0	1,140	290	0	1,140	VISU
1ST	7+7/8	4+1/2	11.6	0	7,019	887	4,230	7,019	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,877	375	4,230	3,928

Details of work:

PA 24-31 – Set RBP at 5104', pressure test 4-1/2" casing with packer, pressure test failed in 3864' – 3928' interval. Determine injection rate of 1.7 bpm at 1200 psi. Pumped 75 sks, 15.8 ppg HAL cement, balanced plug squeeze #1. Wait on cement 18 hrs, tag cement at 3030', drill through cement to 3869', pressure test to 1000 psi, lost 500 psi in 5 mins, got injection rate of 2 bpm at 1000 psi. Pumped 125 sks, 15.8 ppg HAL cement balanced plug squeeze #2. Wait on cement 17.5 hrs, tag cement at 3715', drill cement to 3980', pressure test failed at 3892' – 3924'. Pump 25 sks, 15.8 ppg HAL cement, balanced plug squeeze #3. Wait on cement 21 hrs, tag at 3646', drill cement to 3991', 1000 psi pressure test held to 700 psi. Remove RBP, LD tubing RDMO.

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.

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

Signed: \_\_\_\_\_

Print Name: Michele L Weybright

Title: Permit Technician I

Date:

Email: michele.weybright@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

400614704	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"/>

#### Other Attachments

400614710	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)