

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:

400642114

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 05-045-22148-00

6. County: GARFIELD

7. Well Name: WPX ENERGY

Well Number: PA 24-2

8. Location: QtrQtr: NESW Section: 2 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 2014 feet Direction: FSL Distance: 1567 feet Direction: FWL

As Drilled Latitude: 39.465012 As Drilled Longitude: -107.969253

GPS Data:

Data of Measurement: 01/15/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1169 feet. Direction: FSL Dist.: 1993 feet. Direction: FWL

Sec: 2 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1120 feet. Direction: FSL Dist.: 1947 feet. Direction: FWL

Sec: 2 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2014 13. Date TD: 04/03/2014 14. Date Casing Set or D&A: 04/04/2014

15. Well Classification:

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

16. Total Depth MD 7580 TVD** 7482 17 Plug Back Total Depth MD 7530 TVD** 7432

18. Elevations GR 5821 KB 5846

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:

CBL, Mud, and Reservoir Performance Monitor (RPM)

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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	898	250	0	898	VISU
1ST	8+3/4	4+1/2	11.6	0	7,562	1,420	2,598	7,562	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	1,987		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,131		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,518		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,423		<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.

SISP# 0

LOGS UPLOADED ON 7/9/2014.

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.veybright@wpxenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400642123	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400642121	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>					
400642126	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400642127	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400642133	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400642134	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400642136	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400642140	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)