

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:  
400647557

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

5. API Number 05-045-22035-00  
6. County: GARFIELD  
7. Well Name: Federal  
Well Number: PA 324-16  
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6  
Footage at surface: Distance: 2610 feet Direction: FNL Distance: 1403 feet Direction: FWL  
As Drilled Latitude: 39.510486 As Drilled Longitude: -108.008125

GPS Data:  
Date of Measurement: 07/03/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 374 feet. Direction: FSL Dist.: 2266 feet. Direction: FWL  
Sec: 16 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 424 feet. Direction: FSL Dist.: 2280 feet. Direction: FWL  
Sec: 16 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: 62163

12. Spud Date: (when the 1st bit hit the dirt) 04/08/2014 13. Date TD: 04/17/2014 14. Date Casing Set or D&A: 04/18/2014

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

16. Total Depth MD 9760 TVD\*\* 8924 17 Plug Back Total Depth MD 9649 TVD\*\* 8813

18. Elevations GR 6030 KB 6056  
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	84	31	0	84	VISU
SURF	13+1/2	9+5/8	32.3	0	1,681	445	0	1,681	VISU
1ST	8+3/4	4+1/2	11.6	0	9,739	1,080	4,335	9,739	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	3,388		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,006		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,737		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,572		<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 7/21/2014.

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.weybright@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400647596	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400647590	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"/>
<b>Other Attachments</b>			
400647597	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647599	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647605	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647610	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647612	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647614	LAS-MUD	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)