

**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



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Document Number:  
400652120

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 05-045-22225-00 6. County: GARFIELD  
 7. Well Name: PA Well Number: 313-6  
 8. Location: QtrQtr: LOT 10 Section: 6 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 755 feet Direction: FSL Distance: 738 feet Direction: FWL  
 As Drilled Latitude: 39.461842 As Drilled Longitude: -108.046644

GPS Data:  
 Date of Measurement: 12/13/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2186 feet. Direction: FSL Dist.: 336 feet. Direction: FWL  
 Sec: 6 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2170 feet. Direction: FSL Dist.: 313 feet. Direction: FWL  
 Sec: 6 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) 05/12/2014 13. Date TD: 05/17/2014 14. Date Casing Set or D&A: 05/19/2014

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

16. Total Depth MD 6890 TVD\*\* 6576 17 Plug Back Total Depth MD 6844 TVD\*\* 6530

18. Elevations GR 5153 KB 5179 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:  
SP/GR/HDIL/ZDL/CN/MUD and CBL

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	1,205	325	0	1,205	VISU
1ST	8+3/4	4+1/2	11.6	0	6,876	1,235	2,453	6,876	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	1,539		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,657		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,198		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,705		<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 7/29/2014.

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>			
400652127	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400652124	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>			
400652128	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400652130	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400652141	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400652143	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400652147	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400652148	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)