



DE	ET	OE	ES
----	----	----	----

Document Number:
400655948

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 05-045-22236-00 6. County: GARFIELD
 7. Well Name: PA Well Number: 12-7
 8. Location: QtrQtr: LOT 10 Section: 6 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 743 feet Direction: FSL Distance: 737 feet Direction: FWL
 As Drilled Latitude: 39.461808 As Drilled Longitude: -108.046647

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

** If directional footage at Top of Prod. Zone Dist.: 1266 feet. Direction: FNL Dist.: 586 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1286 feet. Direction: FNL Dist.: 573 feet. Direction: FWL
 Sec: 7 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) 05/05/2014 13. Date TD: 05/11/2014 14. Date Casing Set or D&A: 05/11/2014

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

16. Total Depth MD 6977 TVD** 6447 17 Plug Back Total Depth MD 6934 TVD** 6404

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:
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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,862	480	0	1,862	VISU
1ST	8+3/4	4+1/2	11.6	0	6,967	1,260	1,263	6,967	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	1,459		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,799		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,216		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,768		<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 8/4/2014.

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 ?	
Attachment Checklist			
400655958	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400655956	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"/>
Other Attachments			
400655959	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655961	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655971	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655975	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655977	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655978	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)