

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:

400650503

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: GINA RANDOLPH

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 260-4509

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-22258-00

6. County: GARFIELD

7. Well Name: C&C Energy

Well Number: GM 521-13

8. Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 274 feet Direction: FSL Distance: 1008 feet Direction: FWL

As Drilled Latitude: 39.445618 As Drilled Longitude: -108.064569

GPS Data:

Data of Measurement: 04/03/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: J. KIRPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1012 feet. Direction: FNL Dist.: 2094 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1021 feet. Direction: FNL Dist.: 2094 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2014 13. Date TD: 05/29/2014 14. Date Casing Set or D&A: 05/30/2014

15. Well Classification:

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

16. Total Depth MD 6390 TVD** 5970 17 Plug Back Total Depth MD 6346 TVD** 5926

18. Elevations GR 5141 KB 5165

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:

RPM CBL MUDLOGS

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	44	16	0	44	VISU
SURF	13+1/2	9+5/8	32.3	0	1,683	430	0	1,683	VISU
1ST	8+3/4	4+1/2	11.6	0	6,378	985	2,523	6,378	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	1,127		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,291		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,789		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,281		<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.

Surface Pressure = 0

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

Signed: _____

Print Name: GINA RANDOLPHTitle: PERMIT TECH II

Date: _____

Email: GINA.RANDOLPH@WPXENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400650522	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400650521	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>					
400650509	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400650515	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400650516	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400650519	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400650520	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400650525	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400656617	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)