

Document Number:  
400668623

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 05-045-22145-00 6. County: GARFIELD  
 7. Well Name: WPX ENERGY Well Number: PA 343-3  
 8. Location: QtrQtr: NESW Section: 2 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 2062 feet Direction: FSL Distance: 1529 feet Direction: FWL  
 As Drilled Latitude: 39.465143 As Drilled Longitude: -107.969388

GPS Data:  
Date 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.: 2168 feet. Direction: FSL Dist.: 996 feet. Direction: FEL  
 Sec: 3 Twp: 7S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 2118 feet. Direction: FSL Dist.: 1080 feet. Direction: FEL  
 Sec: 3 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) 05/22/2014 13. Date TD: 05/27/2014 14. Date Casing Set or D&A: 05/28/2014

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

16. Total Depth MD 8165 TVD\*\* 7453 17 Plug Back Total Depth MD 8102 TVD\*\* 7390

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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,286	340	0	1,286	VISU
1ST	8+3/4	4+1/2	11.6	0	8,149	1,475	4,284	8,149	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	2,244		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,645		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,050		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,975		<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 8/20/2014.

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@wpxenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400668655	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400668653	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>			
400668656	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668657	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668664	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668666	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668669	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668679	PDF-PULSED NEUTRON	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)