

**FORM**  
**5**  
Rev  
09/14

**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:  
400696031

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

OGCC Operator Number: 96850 Contact Name: GINA RANDOLPH  
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4509  
 Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

API Number 05-045-22257-00 County: GARFIELD  
 Well Name: C&C Energy Well Number: GM 323-13  
 Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 282 feet Direction: FSL Distance: 987 feet Direction: FWL  
 As Drilled Latitude: 39.445639 As Drilled Longitude: -108.064644

GPS Data:  
 Date 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.: 1856 feet. Direction: FNL Dist.: 683 feet. Direction: FWL  
 Sec: 13 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1885 feet. Direction: FNL Dist.: 630 feet. Direction: FWL  
 Sec: 13 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 06/19/2014 Date TD: 06/23/2014 Date Casing Set or D&A: 06/24/2014  
 Rig Release Date: \_\_\_\_\_ \*for Multi-Well Location ONLY

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

Total Depth MD 6615 TVD\*\* 5949 Plug Back Total Depth MD 6569 TVD\*\* 4368

Elevations GR 5141 KB 5165 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
RPM CBL MUDLOGS

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	1,396	370	0	1,396	VISU
1ST	8+3/4	4+1/2	11.6	0	6,600	990	4,544	6,600	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:

Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	1,172				
MESAVERDE	3,490				
CAMEO	6,004				
ROLLINS	6,454				

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

**\*\*ONGOING DRILLING ON THIS PAD, RIG HAS NOT BEEN RELEASED FROM PAD; GM 24-12**

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

Signed: \_\_\_\_\_

Print Name: GINA RANDOLPH

Title: PERMIT TECH II

Date:

Email: GINA.RANDOLPH@WPXENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400696057	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400696056	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>			
400696034	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696039	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696041	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696053	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696059	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696060	DIRECTIONAL DATA	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)