

FORM
5Rev
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

User Group

Comment

Comment Date

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Total: 0 comment(s)