

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:

400696161

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 [X] 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 05-045-22271-00 County: GARFIELD
Well Name: C&C Energy Well Number: GM 11-13
Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 297 feet Direction: FSL Distance: 976 feet Direction: FWL
As Drilled Latitude: 39.445679 As Drilled Longitude: -108.064681

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

\*\* If directional footage at Top of Prod. Zone Dist.: 263 feet. Direction: FNL Dist.: 753 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 274 feet. Direction: FNL Dist.: 724 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) 07/06/2014 Date TD: 07/10/2014 Date Casing Set or D&A: 07/11/2014
Rig Release Date: 07/11/2014 \*for Multi-Well Location ONLY

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

Total Depth MD 6025 TVD\*\* 5967 Plug Back Total Depth MD 5983 TVD\*\* 5925

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

List Electric Logs Run:
RPM CBL MUDLOGS

Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and 1ST.

## 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	1,122			NO	
MESAVERDE	2,972			NO	
CAMEO	5,468			NO	
ROLLINS	5,916			NO	

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  
06:00 - RIG RELEASED from GM 11-13 TO SKID TO WELL; GM 523-13, 7.11.2014 on the Same PAD.**

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 ?	
<b>Attachment Checklist</b>			
400696872	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400696211	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>			
400696188	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696198	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696199	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696206	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696212	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696216	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)