

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:
400698056

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 05-045-22268-00 County: GARFIELD
Well Name: C&C Energy Well Number: GM 511-13
Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 288 feet Direction: FSL Distance: 973 feet Direction: FWL
As Drilled Latitude: 39.445653 As Drilled Longitude: -108.064694

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.: 1257 feet. Direction: FNL Dist.: 640 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1310 feet. Direction: FNL Dist.: 607 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) 06/30/2014 Date TD: 07/05/2014 Date Casing Set or D&A: 07/06/2014
Rig Release Date: 07/06/2014 Per Rule 308A.b.

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

Total Depth MD 6354 TVD** 5975 Plug Back Total Depth MD 6275 TVD** 5896

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 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	1,351	335	0	1,351	VISU
1ST	8+3/4	4+1/2	11.6	0	6,339	919	2,816	6,339	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	1,156			NO	
MESAVERDE	3,255			NO	
CAMEO	5,759			NO	
ROLLINS	6,201			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
7/6/2014
PERPARE TO SKID TO GM 11-13 RIG RELEAED 09:30 7/6/2014

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 ?	
Attachment Checklist			
400698223	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400698225	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"/>
Other Attachments			
400698056	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698210	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698215	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698217	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698220	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698230	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400698234	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)