

**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



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Document Number:

400702698

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: Michele Weybright

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 6298449

Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

API Number 05-045-22406-00

County: GARFIELD

Well Name: Hicks PA

Well Number: 444-6

Location: QtrQtr: SESW Section: 6 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 786 feet Direction: FSL Distance: 2231 feet Direction: FWL

As Drilled Latitude: 39.461946 As Drilled Longitude: -108.041357

GPS Data:

Date of Measurement: 06/04/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 517 feet. Direction: FSL Dist.: 1711 feet. Direction: FEL
Sec: 6 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 514 feet. Direction: FSL Dist.: 1715 feet. Direction: FEL
Sec: 6 Twp: 7S Rng: 95W

Field Name: PARACHUTE

Field Number: 67350

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/07/2014 Date TD: 07/11/2014 Date Casing Set or D&A: 07/12/2014

Rig Release Date: 08/15/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6715 TVD** 6489 Plug Back Total Depth MD 6650 TVD** 6424

Elevations GR 5135 KB 5160

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Mud, and Reservoir Performance Monitor (RPM)

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	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,090	295	0	1,090	VISU
1ST	8+3/4	4+1/2	11.6	0	6,695	1,060	2,480	6,695	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	1,761				
MESAVERDE	3,555				
CAMEO	5,991				
ROLLINS	6,577				

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 10/7/2014

****Date Rig released from Location is an Estimate ONLY, drilling is still underway on this PAD - PA 24-6.

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.veybright@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400702715	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400702716	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>			
400702719	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702736	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702743	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702744	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702748	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702749	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)