

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:
400706394

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 05-045-21998-00 County: GARFIELD
 Well Name: Savage Well Number: RWF 344-25
 Location: QtrQtr: SWSE Section: 25 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 1147 feet Direction: FSL Distance: 1381 feet Direction: FEL
 As Drilled Latitude: 39.492658 As Drilled Longitude: -107.831731

GPS Data:
 Date of Measurement: 04/15/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 838 feet. Direction: FSL Dist.: 899 feet. Direction: FEL
 Sec: 25 Twp: 6S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 843 feet. Direction: FSL Dist.: 943 feet. Direction: FEL
 Sec: 25 Twp: 6S Rng: 94W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/15/2014 Date TD: 08/23/2014 Date Casing Set or D&A: 08/25/2014
 Rig Release Date: 08/26/2014 Per Rule 308A.b.

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

Total Depth MD 8846 TVD** 8817 Plug Back Total Depth MD 8705 TVD** 8676

Elevations GR 6234 KB 6260 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
SP GR HDIL ZDL CN 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	40	15	0	40	VISU
SURF	13+1/2	9+5/8	32.3	0	1,133	300	0	1,133	VISU
1ST	8+3/4	4+1/2	11.6	0	8,836	1,365	3,648	8,836	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	2,308				
MESAVERDE	4,850				
CAMEO	7,788				
ROLLINS	8,638				

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; RWF 43-25**

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			
400706404	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400706406	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			
400706395	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400706397	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400706399	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400706400	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400706407	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400706409	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)