

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



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| DE | ET | OE | ES |
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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 ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 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"/> |
| <u>Other Attachments</u> | | | |
| 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)