

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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Document Number:

400721374

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: Angela Neifert-Kraiser

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

Address: 1001 17TH STREET - SUITE #1200

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-045-22413-00

County: GARFIELD

Well Name: Hicks PA

Well Number: 33-6

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

Footage at surface: Distance: 810 feet Direction: FSL Distance: 2240 feet Direction: FWL

As Drilled Latitude: 39.462010 As Drilled Longitude: -108.041327

GPS Data:

Date of Measurement: 01/06/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2404 feet. Direction: FSL Dist.: 2233 feet. Direction: FEL

Sec: 6 Twp: 7s Rng: 95w

** If directional footage at Bottom Hole Dist.: 2360 feet. Direction: FSL Dist.: 2238 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) 07/18/2014 Date TD: 07/22/2014 Date Casing Set or D&A: 07/23/2014

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 6960 TVD** 6555 Plug Back Total Depth MD 6913 TVD** 6508

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	24	18	47.4	0	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,135	345	0	1,135	VISU
1ST	8+3/4	4+1/2	11.6	0	6,946	1,025	2,938	6,946	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	1,661				
MESAVERDE	3,731				
CAMEO	6,182				
ROLLINS	6,794				

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.

Ongoing drilling on this pad, rig has not been released from the pad, so the Rig Release Date is an estimate for this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: _____ Email: Angela.Neifert-Kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400721634	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400722437	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>					
400721567	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721659	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721661	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721665	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721667	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721669	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)