

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



DE ET OE ES

Document Number:

400747439

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 05-045-21797-00

County: GARFIELD

Well Name: Federal

Well Number: NER 24-32

Location: QtrQtr: Lot 2 Section: 5 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 120 feet Direction: FNL Distance: 2573 feet Direction: FWL

As Drilled Latitude: 39.475028 As Drilled Longitude: -107.798910

GPS Data:

Date of Measurement: 07/03/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1479 feet. Direction: FSL Dist.: 1812 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1448 feet. Direction: FSL Dist.: 1786 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 93W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC41916

Spud Date: (when the 1st bit hit the dirt) 08/18/2014 Date TD: 08/26/2014 Date Casing Set or D&A: 08/08/2014

Rig Release Date: 08/28/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10328 TVD** 10098 Plug Back Total Depth MD 10078 TVD** 9848

Elevations GR 7603 KB 7629 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	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,133	305	0	1,133	VISU
1ST	8+3/4	4+1/2	11.6	0	10,295	1,045	5,308	10,295	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	3,728			NO	
MESAVERDE	6,415			NO	
CAMEO	9,316			NO	
ROLLINS	10,160			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

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>			
400747484	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400747480	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>			
400747456	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747464	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747473	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747475	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747481	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747490	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)