

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:
400789346

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: <u>96850</u>	Contact Name: <u>GINA RANDOLPH</u>
Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 260-4509</u>
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number: <u>05-045-22218-00</u>	County: <u>GARFIELD</u>
Well Name: <u>State of Colorado</u>	Well Number: <u>KP 431-9</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>9</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2313</u> feet Direction: <u>FNL</u> Distance: <u>2158</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.543279</u> As Drilled Longitude: <u>-107.558345</u>	

GPS Data:
Date of Measurement: 06/11/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 820 feet. Direction: FNL Dist.: 1584 feet. Direction: FEL
Sec: 9 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 797 feet. Direction: FNL Dist.: 1565 feet. Direction: FEL
Sec: 9 Twp: 6S Rng: 91W

Field Name: KOKOPELLI Field Number: 47525
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/14/2014 Date TD: 07/22/2014 Date Casing Set or D&A: 07/12/2014
Rig Release Date: 07/24/2014 Per Rule 308A.b.

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

Total Depth MD <u>6185</u> TVD** <u>5645</u> Plug Back Total Depth MD <u>6136</u> TVD** <u>5596</u>
Elevations GR <u>5762</u> KB <u>5783</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
RPM 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	60	22	0	60	CBL
SURF	13+1/2	9+5/8	32.3	0	1,440	365	0	1,440	CBL
1ST	8+3/4	5+1/2	17	0	6,165	1,326	3,026	6,165	VISU

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	
MESAVERDE	1,974				
CAMEO	5,626				
ROLLINS	5,898				

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 ?	
Attachment Checklist			
400789406	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400789400	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			
400789369	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400789382	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400789386	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400789396	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400789409	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400789411	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)