

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.

Document Number:
400794137

Date Received:

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 05-045-20044-00 County: GARFIELD

Well Name: Mead Well Number: RWF 432-23

Location: QtrQtr: NESE Section: 23 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2292 feet Direction: FSL Distance: 264 feet Direction: FEL

As Drilled Latitude: 39.510011 As Drilled Longitude: -107.847131

GPS Data:
Date of Measurement: 09/25/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2375 feet. Direction: FNL Dist.: 1682 feet. Direction: FEL
Sec: 23 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2357 feet. Direction: FNL Dist.: 1680 feet. Direction: FEL
Sec: 23 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) 10/16/2014 Date TD: 10/26/2014 Date Casing Set or D&A: 10/27/2014

Rig Release Date: 10/28/2014 Per Rule 308A.b.

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

Total Depth MD 8578 TVD** 8330 Plug Back Total Depth MD 8468 TVD** 8220

Elevations GR 5599 KB 5625 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
SP GR HDIL ZDL RPM 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	1,089	305	0	1,089	VISU
1ST	8+3/4	4+1/2	11.6	0	8,569	1,345	4,250	8,569	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	1,891			NO	
MESAVERDE	4,633			NO	
CAMEO	7,491			NO	
ROLLINS	8,384			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

PLEASE NOTE: CA # COC60381

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			
400794210	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400794200	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			
400794156	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794160	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794162	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794191	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794203	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400794206	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)