

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400803166

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: Michele Weybright  
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 6298449  
 Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

API Number 05-045-22351-00 County: GARFIELD  
 Well Name: Youberg Well Number: Ru 531-7  
 Location: QtrQtr: SENE Section: 7 Township: 7S Range: 93W Meridian: 6  
 Footage at surface: Distance: 2468 feet Direction: FNL Distance: 392 feet Direction: FEL  
 As Drilled Latitude: 39.459709 As Drilled Longitude: -107.808075

GPS Data:  
 Date of Measurement: 08/26/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 1081 feet. Direction: FNL Dist.: 1592 feet. Direction: FEL  
 Sec: 7 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 1083 feet. Direction: FNL Dist.: 1584 feet. Direction: FEL  
 Sec: 7 Twp: 7S Rng: 93W

Field Name: RULISON Field Number: 75400  
 Federal, Indian or State Lease Number: COC50944

Spud Date: (when the 1st bit hit the dirt) 11/22/2014 Date TD: 12/03/2014 Date Casing Set or D&A: 12/04/2014  
 Rig Release Date: 01/17/2015 Per Rule 308A.b.

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

Total Depth MD 10065 TVD\*\* 9864 Plug Back Total Depth MD 9964 TVD\*\* 9763

Elevations GR 7737 KB 7763 **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	26	18	48	0	42	16	0	42	VISU
SURF	13+1/2	9+5/8	32.3	0	1,173	320	0	1,173	VISU
1ST	8+3/4	4+1/2	11.6	0	10,051	1,060	5,190	10,051	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	3,864				
MESAVERDE	6,305				
CAMEO	9,061				
ROLLINS	9,914				

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.

SISP# 0

LOGS UPLOADED ON 3/4/2015

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

Signed: \_\_\_\_\_

Print Name: Michele L Weybright

Title: Permit Technician I

Date: \_\_\_\_\_

Email: michele.veybright@wpenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400803180	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400803178	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"/>
<b>Other Attachments</b>			
400803181	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803183	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803199	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803205	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400803208	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)