

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:
400977182

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: Whitney Szabo
 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635

API Number 05-045-18752-00 County: GARFIELD
 Well Name: Savage Well Number: RWF 432-35
 Location: QtrQtr: NWNE Section: 35 Township: 6S Range: 94W Meridian: 6
 Footage at surface: Distance: 762 feet Direction: FNL Distance: 2055 feet Direction: FEL
 As Drilled Latitude: 39.487058 As Drilled Longitude: -107.853245

GPS Data:
 Date of Measurement: 01/29/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2243 feet. Direction: FNL Dist.: 1835 feet. Direction: FEL
 Sec: 35 Twp: 6S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 2256 feet. Direction: FNL Dist.: 1839 feet. Direction: FEL
 Sec: 35 Twp: 6S Rng: 94W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: COC07506

Spud Date: (when the 1st bit hit the dirt) 07/12/2010 Date TD: 07/19/2010 Date Casing Set or D&A: 07/20/2010
 Rig Release Date: 07/21/2010 Per Rule 308A.b.

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

Total Depth MD 7935 TVD** 7681 Plug Back Total Depth MD 7935 TVD** 7681

Elevations GR 5444 KB 5467 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/Triple Combo

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	30	18	47.4	0	65	24	0	65	VISU
SURF	13+1/2	9+5/8	32.3	0	1,155	330	0	1,155	VISU
1ST	7+7/8	4+1/2	11.6	0	7,920	1,160	2,580	7,920	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	1,445				
MESAVERDE	4,081				Mesaverde top is the Williams Fork top.
WILLIAMS FORK	4,081				Williams fork top is the Mesaverde top.
CAMEO	6,843				
ROLLINS	7,846				

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.

LAS logs uploaded: 1/25/2016; No PDFs available for this well, hard copy version will be mailed to the COGCC Denver office.

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

Signed: _____

Print Name: Whitney Szabo

Title: Permit Tech II

Date: _____

Email: whitney.szabo@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400977209	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400977217	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			
400977198	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977199	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977200	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400977219	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)