

**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:  
400983850

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 05-045-22517-00 County: GARFIELD  
 Well Name: Youberg RU Well Number: 434-7  
 Location: QtrQtr: SESE Section: 7 Township: 7S Range: 93W Meridian: 6  
 Footage at surface: Distance: 1105 feet Direction: FSL Distance: 1195 feet Direction: FEL  
 As Drilled Latitude: 39.454698 As Drilled Longitude: -107.810848

GPS Data:  
 Date of Measurement: 12/01/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 702 feet. Direction: FSL Dist.: 2131 feet. Direction: FEL  
 Sec: 7 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 732 feet. Direction: FSL Dist.: 2132 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) 05/30/2015 Date TD: 06/10/2015 Date Casing Set or D&A: 06/11/2015  
 Rig Release Date: 06/12/2015 Per Rule 308A.b.

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

Total Depth MD 10117 TVD\*\* 10000 Plug Back Total Depth MD 10098 TVD\*\* 9981

Elevations GR 7917 KB 7943 **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	26	18	47.4	0	63	24	0	63	VISU
SURF	13+1/2	9+5/8	32.3	0	1,354	350	0	1,354	VISU
1ST	8+3/4	4+1/2	11.6	0	10,082	1,065	5,670	10,082	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	3,856				
MESAVERDE	6,426				Mesaverde top is the Williams fork top.
WILLIAMS FORK	6,426				Williams fork top is the Mesaverde top.
CAMEO	9,108				
ROLLINS	9,952				

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.

Logs uploaded; 2/5/2016

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 ?	
<b>Attachment Checklist</b>			
400983881	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400983863	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>			
400983890	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983896	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983897	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983905	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983908	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983909	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983916	PDF-TRIPLE COMBINATION	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)