

FORM
5Rev
02/08

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:

400491339

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

1. OGCC Operator Number: 96850

4. Contact Name: Sandra Salazar

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-12863-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: RWF 424-9

8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 586 feet Direction: FSL Distance: 1237 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 62160

12. Spud Date: (when the 1st bit hit the dirt) 10/15/2007 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8768 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5493 KB 5516

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	32.3	0	1,187	305	0	1,187	VISU
1ST	8+3/4	4+1/2	11.6	0	8,747	1,302	4,040	8,747	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		100	6,275	6,458
SQUEEZE	1ST		70	6,275	6,458

Details of work:

RWF 424-9 - Water Squeeze
10/17/2012 - Squeezed off MV 5 Perfs (6,275 - 6,458) w/ 100 sx 15.8 ppg.

RWF 424-9 – Water Shut-off
9/18/2013 – Re-Squeezed MV 5 (6,275' – 6,458') w/ 70 sx 17 ppg Class G cement, drilled out cement and pressure tested squeeze holes to 1000 psi (tested good), land tbg @ 8,206' w/ 257 jts on 9/24/2013, well returned to production.

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,327		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,160		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,013		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This REVISED Form 5 is to report the 10-17-12 MV5 Squeeze and the 9-18-13 Re-squeeze of the MV5.

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

Signed: _____ Print Name: Sandra Salazar

Title: Permit Technician II Date: _____ Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400494631	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)