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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:
 Date 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 ?	
Attachment Checklist			
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

Total: 0 comment(s)