

FORM
5

Rev
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:

400319488

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: Matt Barber
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-15972-00 6. County: GARFIELD
7. Well Name: Chevron Well Number: TR 412-1-698
8. Location: QtrQtr: NWSW Section: 1 Township: 6S Range: 98W Meridian: 6
Footage at surface: Distance: 518 feet Direction: FNL Distance: 1035 feet Direction: FWL
As Drilled Latitude: 39.561494 As Drilled Longitude: -108.285161

GPS Data:

Data of Measurement: 11/23/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1845 feet. Direction: FNL Dist.: 704 feet. Direction: FWL
Sec: 1 Twp: 6s Rng: 98w

** If directional footage at Bottom Hole Dist.: 1840 feet. Direction: FNL Dist.: 673 feet. Direction: FWL
Sec: 1 Twp: 6s Rng: 98w

9. Field Name: TRAIL RIDGE 10. Field Number: 83825
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/02/2011 13. Date TD: 09/22/2011 14. Date Casing Set or D&A: 09/23/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8514 TVD** 8319 17 Plug Back Total Depth MD 8460 TVD** 8265

18. Elevations GR 8284 KB 8308

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:

Mud log; RPM; and CBL

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
CONDUCTOR	30	18	48	0	80	135	0	80	VISU
SURF	14+3/4	9+5/8	32.3	0	2,659	1,350	0	2,659	VISU
1ST	7+7/8	4+1/2	11.6	0	8,493	815	4,283	8,493	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:

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	
MESAVERDE	5,730		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,079		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,335		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400319786	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400319784	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400319649	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)