

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



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Document Number:

400321230

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 05-045-19223-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 42-34-597
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 170 feet Direction: FSL Distance: 269 feet Direction: FEL
 As Drilled Latitude: 39.577885 As Drilled Longitude: -108.255858

GPS Data:

Date of Measurement: 04/29/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: John Richardson

** If directional footage at Top of Prod. Zone Dist.: 1486 feet. Direction: FNL Dist.: 668 feet. Direction: FEL

Sec: 34 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1487 feet. Direction: FNL Dist.: 688 feet. Direction: FEL

Sec: 34 Twp: 5S Rng: 97W

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) 06/30/2011 13. Date TD: 07/11/2011 14. Date Casing Set or D&A: 07/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9245 TVD** 8960 17 Plug Back Total Depth MD 9234 TVD** 8949

18. Elevations GR 6089 KB 6113 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:

RPM & 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	24	18	48	0	80	135	0	80	VISU
SURF	14+3/4	9+5/8	32.3	0	3,016	1,895	0	3,016	VISU
1ST	7+7/8	4+1/2	11.6	0	9,235	865	4,460	9,235	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/11/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,985	180	6,648	6,985

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	6,212		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,742		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,014		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to big rig spud date.

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			
400321358	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400321355	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			
400321354	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)