

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:

400321718

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

5. API Number 05-045-15973-00
6. County: GARFIELD
7. Well Name: Chevron Well Number: TR 11-1-698
8. Location: QtrQtr: NWSW Section: 1 Township: 6S Range: 98W Meridian: 6
Footage at surface: Distance: 458 feet Direction: FNL Distance: 1036 feet Direction: FWL
As Drilled Latitude: 39.561658 As Drilled Longitude: -108.285158

GPS Data:

Date 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.: 293 feet. Direction: FNL Dist.: 675 feet. Direction: FWL
Sec: 1 Twp: 6S Rng: 98W

** If directional footage at Bottom Hole Dist.: 313 feet. Direction: FNL Dist.: 650 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) 09/08/2011 13. Date TD: 09/14/2012 14. Date Casing Set or D&A: 09/15/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8422 TVD** 8405 17 Plug Back Total Depth MD 8334 TVD** 8317

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:

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	65	23	0	65	VISU
SURF	14+3/4	9+5/8	32.3	0	2,628	1,350	0	2,628	VISU
1ST	7+7/8	4+1/2	11.6	0	8,381	930	4,505	8,381	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	5,548		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,917		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,175		<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			
400322129	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400322127	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			
400322125	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)