

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:

400322252

Date Received:

08/30/2012

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 05-045-15890-00

6. County: GARFIELD

7. Well Name: CHEVRON

Well Number: TR 312-36-597

8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6

Footage at surface: Distance: 1202 feet Direction: FNL Distance: 1646 feet Direction: FWL

As Drilled Latitude: 39.574116 As Drilled Longitude: -108.230306

GPS Data:

Data of Measurement: 04/30/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: John Richardson

** If directional footage at Top of Prod. Zone Dist.: 1845 feet. Direction: FNL Dist.: 673 feet. Direction: FWL

Sec: 36 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1855 feet. Direction: FNL Dist.: 657 feet. Direction: FWL

Sec: 36 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) 07/16/2010 13. Date TD: 09/10/2010 14. Date Casing Set or D&A: 09/11/2010

15. Well Classification:

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

16. Total Depth MD 9175 TVD** 9039 17 Plug Back Total Depth MD 9137 TVD** 9001

18. Elevations GR 8155 KB 8176

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, CBL, and RPM

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 | 60 | 100 | 0 | 60 | VISU |
| SURF | 14+3/4 | 9+5/8 | 32.3 | 0 | 2,435 | 1,089 | 0 | 2,435 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 9,159 | 670 | 3,250 | 9,159 | 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 | 5,991 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,565 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,977 | | <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: 8/30/2012 Email: matt.barber@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400322252 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400322329 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|--------------------------|
| Permit | Oper. submitted corrected date of measurement of GPS and oper. comment. : Requested directional survey. 11/2/12 dhs | 8/30/2012 11:08:05 AM |

Total: 1 comment(s)