

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:

400321912

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 05-045-18342-00 6. County: GARFIELD  
7. Well Name: CHEVRON Well Number: TR 41-34-597  
8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 97W Meridian: 6  
Footage at surface: Distance: 194 feet Direction: FSL Distance: 262 feet Direction: FEL  
As Drilled Latitude: 39.577950 As Drilled Longitude: -108.255835

GPS Data:

Data of Measurement: 04/29/2010 PDOP Reading: 4.1 GPS Instrument Operator's Name: John Richardson

\*\* If directional footage at Top of Prod. Zone Dist.: 171 feet. Direction: FNL Dist.: 655 feet. Direction: FEL  
Sec: 34 Twp: 5S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 178 feet. Direction: FNL Dist.: 689 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) 07/23/2011 13. Date TD: 07/30/2011 14. Date Casing Set or D&A: 07/31/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9060 TVD\*\* 9029 17 Plug Back Total Depth MD 9093 TVD\*\* 9062

18. Elevations GR 8452 KB 8476

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:

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	80	135	0	80	CALC
SURF	14+3/4	9+5/8	32.3	0	2,893	1,470	0	2,893	CALC
1ST	7+7/8	4+1/2	11.6	0	9,040	865	4,460	9,040	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	5,927		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,542		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,805		<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 ?	
<b>Attachment Checklist</b>			
400322071	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"/>
<b>Other Attachments</b>			
400322067	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)