

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:

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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
400322067	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)