

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:

2170951

Date Received:

08/22/2012

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
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: ANNIE SMITH
Phone: (303) 606-4363
Fax: (303) 629-8285

5. API Number 05-045-17813-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: TR 314-28-597
8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6
Footage at surface: Distance: 991 feet Direction: FSL Distance: 1967 feet Direction: FWL
As Drilled Latitude: 39.580135 As Drilled Longitude: -108.285347

GPS Data:

Data of Measurement: 01/05/2009 PDOP Reading: 1.0 GPS Instrument Operator's Name: MARK BESSIE

** If directional footage at Top of Prod. Zone Dist.: 965 feet. Direction: FSL Dist.: 494 feet. Direction: FWL
Sec: 28 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 965 feet. Direction: FSL Dist.: 494 feet. Direction: FWL
Sec: 28 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) 01/23/2009 13. Date TD: 02/28/2009 14. Date Casing Set or D&A: 03/02/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9300 TVD** 9064 17 Plug Back Total Depth MD 9251 TVD** 9015

18. Elevations GR 8375 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:

CBL, HRI, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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		0	2,624	2,450	0	2,624	VISU
1ST	7+7/8	4+1/2		0	9,281	581	5,650	9,281	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	5,855		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,180		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,550		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,727		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,978		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATION NAME: TOP GAS MV;
MEASURED DEPTH TOP: 6543.

TOP GAS MV NOT AVAILABLE ON PULL DOWN FOR FORMATIONS.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: ANNIE SMITH

Title: ENGINEER TECH

Date: 9/25/2009

Email: ANNIE_SMITH@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
2170951	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)