

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:

400313999

Date Received:

08/08/2012

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 05-045-19482-00

6. County: GARFIELD

7. Well Name: Chevron TR

Well Number: 332-32-597

8. Location: QtrQtr: NENE Section: 32 Township: 5s Range: 97w Meridian: 6

Footage at surface: Distance: 1026 feet Direction: FNL Distance: 396 feet Direction: FEL

As Drilled Latitude: 39.574600 As Drilled Longitude: -108.293687

GPS Data:

Date of Measurement: 07/14/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Richard Seal

** If directional footage at Top of Prod. Zone Dist.: 1359 feet. Direction: FNL Dist.: 1995 feet. Direction: FEL

Sec: 32 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1357 feet. Direction: FNL Dist.: 2003 feet. Direction: FEL

Sec: 32 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) 08/12/2011 13. Date TD: 08/18/2011 14. Date Casing Set or D&A: 08/20/2011

15. Well Classification:

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

16. Total Depth MD 8635 TVD** 8336 17 Plug Back Total Depth MD 8582 TVD** 8283

18. Elevations GR 8259 KB 8283

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:

SP/GR/HDIL/ZDL/CN, 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 | 26+1/8 | 18 | 48 | 0 | 82 | 22 | 0 | 82 | VISU |
| SURF | 14+3/4 | 9+5/8 | 32.3 | 0 | 2,939 | 1,450 | 0 | 2,939 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,615 | 870 | 4,020 | 8,615 | 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 | 5,767 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,041 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,378 | | <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: 8/8/2012 Email: matt.barber@wpenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400314057 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400314054 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400313999 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400314053 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)