

**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



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Document Number:  
2171502

Date Received:  
09/12/2012

**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: ANNIE SMITH  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4363  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-16239-00 6. County: GARFIELD  
 7. Well Name: CHEVRON Well Number: TR 11-33-597  
 8. Location: QtrQtr: NENE Section: 32 Township: 5S Range: 97W Meridian: 6  
 Footage at surface: Distance: 1025 feet Direction: FNL Distance: 358 feet Direction: FEL  
 As Drilled Latitude: 39.574610 As Drilled Longitude: -108.293551

GPS Data:  
 Date of Measurement: 07/22/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: MARK BESSIE

\*\* If directional footage at Top of Prod. Zone Dist.: 149 feet. Direction: FNL Dist.: 577 feet. Direction: FWL  
 Sec: 33 Twp: 5S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 139 feet. Direction: FNL Dist.: 542 feet. Direction: FWL  
 Sec: 33 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) 08/17/2008 13. Date TD: 08/28/2008 14. Date Casing Set or D&A: 08/29/2008

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8546 TVD\*\* 8393 17 Plug Back Total Depth MD 8525 TVD\*\* 8372

18. Elevations GR 8249 KB 8263 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 SOACED 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	2,500	1,200	0	2,500	VISU
1ST	7+7/8	4+1/2		0	8,525	750	3,900	8,525	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	5,633		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,992		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,351		<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: ANNIE SMITH

Title: ENG TECH Date: 2/8/2011 Email: ANNIE.SMITH@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
2171502	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Engineer	Emailed operator, question on plug back total depth reported at 3900, no TVD reported, Total depth reported at 8546/8393.	10/5/2012 9:25:40 AM
Permit	Originally submitted under api # (045-145-16230).	9/12/2012 9:36:52 AM
Data Entry	UNRECOGNIZED FORMATION NAME = TOP GAS MV, MEASURED DEPTH AT TOP = 6326	9/12/2012 9:17:41 AM

Total: 3 comment(s)