

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:

2622431

Date Received:

09/25/2012

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 05-045-15867-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR43-23-597
 8. Location: QtrQtr: SWNE Section: 23 Township: 5S Range: 97W Meridian: 6
 Footage at surface: Distance: 2558 feet Direction: FNL Distance: 1471 feet Direction: FEL
 As Drilled Latitude: 39.599363 As Drilled Longitude: -108.241526

GPS Data:

Date of Measurement: 11/30/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: CLEMENT WILLIAMS

** If directional footage at Top of Prod. Zone Dist.: 3781 feet. Direction: FNL Dist.: 746 feet. Direction: FEL

Sec: 23 Twp: 5S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1461 feet. Direction: FSL Dist.: 766 feet. Direction: FEL

Sec: 23 Twp: 15S 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) 07/13/2008 13. Date TD: 08/13/2008 14. Date Casing Set or D&A: 08/14/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9850 TVD** 9850 17 Plug Back Total Depth MD 9720 TVD** 9720

18. Elevations GR 8549 KB 8573

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, HRL, SPECTRAI 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	2,968	2,000	0	2,968	VISU
1ST	7+7/8	4+1/2		0	9,835	790	4,100	9,835	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	6,594		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,252		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,630		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

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: 2/6/2009 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			
2622431	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)