

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2554492

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: 16700 4. Contact Name: DIANE PETERSON
2. Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-11429-00 6. County: RIO BLANCO
7. Well Name: MB LARSON C Well Number: 5
8. Location: QtrQtr: SESE Section: 22 Township: 2N Range: 103W Meridian: 6
Footage at surface: Direction: FSL Distance: 879 Direction: FEL Distance: 416
As Drilled Latitude: 40.123711 As Drilled Longitude: -108.934517

GPS Data:

Data of Measurement: 02/23/2009 PDOP Reading: 1.4 GPS Instrument Operator's Name: J FLOYD

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: RANGELY 10. Field Number: 72370
11. Federal, Indian or State Lease Number: 053980

12. Spud Date: (when the 1st bit hit the dirt) 02/19/2009 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2092 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 5582 KB 5604

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:

NO LOGS RUN AT THIS TIME

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bot	Cement Top	Status
SURF	12+1/4	9+5/8		2,067	800	2,067	0	CALC

ADDITIONAL CEMENT

Cement work date: _____

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	
CARMEL			<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE			<input type="checkbox"/>	<input type="checkbox"/>	
CURTIS			<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA			<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA			<input type="checkbox"/>	<input type="checkbox"/>	
MOENKOPI			<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON			<input type="checkbox"/>	<input type="checkbox"/>	
NAVAJO			<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP			<input type="checkbox"/>	<input type="checkbox"/>	M
WEBER			<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: DIANE PETERSON

Title: REGULATORY SPECIALIST Date: 5/17/2010 Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 11/11/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554492	FORM 5 SUBMITTED	LF@2495276 2554492
2554494	CEMENT JOB SUMMARY	LF@2495278 2554494

Total Attach: 2 Files