

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



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DRILLING COMPLETION REPORT

Document Number:

400131821

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 PRODUCTION COMPANY Phone: (970) 675-3842  
3. Address: 100 CHEVRON RD Fax: (970) 675-3800  
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-11743-00 6. County: RIO BLANCO  
7. Well Name: BEEZLEY Well Number: 6X22  
8. Location: QtrQtr: SWNE Section: 22 Township: 2N Range: 103W Meridian: 6  
Footage at surface: Distance: 2118 feet Direction: FNL Distance: 1642 feet Direction: FEL  
As Drilled Latitude: 40.130071 As Drilled Longitude: -108.938898

GPS Data:

Data of Measurement: 11/30/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: J FLOYD

\*\* If directional footage

at Top of Prod. Zone Distance: 2466 feet Direction: FNL Distance: 2287 feet Direction: FEL  
Sec: 22 Twp: 2N Rng: 103W  
at Bottom Hole Distance: 2455 feet Direction: FNL Distance: 2299 feet Direction: FEL  
Sec: 22 Twp: 2N Rng: 103W

9. Field Name: RANGELY 10. Field Number: 72370

11. Federal, Indian or State Lease Number: D051174

12. Spud Date: (when the 1st bit hit the dirt) 09/30/2010 13. Date TD: 10/15/2010 14. Date Casing Set or D&A: 10/11/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_

18. Elevations GR 5594 KB 5618

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:

CEMENT BOND LOG, VARIABLE DENSITY LOG GAMMA RAY / CASING COLLAR LOCATOR  
2 INCH LOG GAMMA RAY - SP - CALIPER  
COMPENSATED NEUTRON / LITHODENSITY GAMMA RAY- SP - CALIPER  
TRIPLE COMBO LOG ARRAY INDUCTION / SP

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
SURF	12+1/4	9+5/8	40	0	105	666	0		
1ST	8+3/4	7+0/8	23	0	6,600	495	0		

ADDITIONAL CEMENT

Cement work date: 10/02/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WEBER	6,625	6,837	<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 L PETERSON

Title: REGULATORY SPECIALIST Date: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400131830	DIRECTIONAL SURVEY
400131831	WELLBORE DIAGRAM
400131832	CEMENT JOB SUMMARY
400131855	LAS-DENSITY/NEUTRON

Total Attach: 4 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)