

FORM
5Rev
02/08State 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

Document Number:

400134878

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: 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 05-103-11720-00 6. County: RIO BLANCO
7. Well Name: UNION PACIFIC Well Number: 154Y29
8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 102W Meridian: 6
Footage at surface: Distance: 478 feet Direction: FNL Distance: 2060 feet Direction: FWL
As Drilled Latitude: 40.119940 As Drilled Longitude: -108.869322

GPS Data:

Data of Measurement: 02/03/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: J FLOYD

** If directional footage

at Top of Prod. Zone Distance: 281 feet Direction: FNL Distance: 2875 feet Direction: FWL
Sec: 29 Twp: 2N Rng: 102W
at Bottom Hole Distance: 235 feet Direction: FNL Distance: 2947 feet Direction: FWL
Sec: 29 Twp: 2N Rng: 102W

9. Field Name: RANGELY 10. Field Number: 7237011. Federal, Indian or State Lease Number: FEE12. Spud Date: (when the 1st bit hit the dirt) 08/29/2010 13. Date TD: 09/21/2010 14. Date Casing Set or D&A: 09/09/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6610 TVD 6495 17 Plug Back Total Depth MD 6610 TVD _____18. Elevations GR 5320 KB 5347

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:

COMPENSATED NEUTRON, CEMENT EVALUATION LOG, ARRAY INDUCTION, TRIPLE COMBO, SHORT PRINT PTIMS FRIDS, PRESSURE EXPRESS

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
1ST	12+1/4	9+5/8	40	0	2,042		0	2,042	VISU

ADDITIONAL CEMENT

Cement work date: _____

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	
MOENKOPI	5,235		<input type="checkbox"/>	<input type="checkbox"/>	
WEBER	5,889	6,604	<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: REGULATOY 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
400134886	LAS-PLATFORM EXPRESS
400134893	LAS-GAMMA RAY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)