

**FORM**  
**5**Rev  
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:

400153823

**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 05-103-07110-00 6. County: RIO BLANCO  
7. Well Name: M B LARSON Well Number: D3 X 26  
8. Location: QtrQtr: SENE Section: 26 Township: 2N Range: 102W Meridian: 6  
Footage at surface: Distance: 2570 feet Direction: FNL Distance: 5 feet Direction: FEL  
As Drilled Latitude: 40.114304 As Drilled Longitude: -108.801010

## GPS Data:

Data of Measurement: 01/08/2007 PDOP Reading: 3.5 GPS Instrument Operator's Name: J FLOYD

## \*\* If directional footage

at Top of Prod. Zone Distance: 2554 feet Direction: FNL Distance: 18 feet Direction: FEL  
Sec: 26 Twp: 2N Rng: 102W  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: RANGELY 10. Field Number: 72370  
11. Federal, Indian or State Lease Number: 47443

12. Spud Date: (when the 1st bit hit the dirt) 04/24/1968 13. Date TD: 05/21/1968 14. Date Casing Set or D&A: 05/18/1968

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6505 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 6505 TVD \_\_\_\_\_18. Elevations GR 5346 KB 5358 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:

## 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	10+3/4	40.5	0	999	550	0	999	VISU
2ND	8+3/4	7+0/8	23	0	6,510	850	0	6,510	CALC

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	3,714	440	3,620	3,714

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	6,104	6,510	<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
400153831	

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)