

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:
400155318

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 05-103-06327-00 6. County: RIO BLANCO
7. Well Name: M C HAGOOD A Well Number: 9
8. Location: QtrQtr: SWNE Section: 15 Township: 2N Range: 103W Meridian: 6
Footage at surface: Distance: 1961 feet Direction: FNL Distance: 1979 feet Direction: FWL
As Drilled Latitude: 40.144962 As Drilled Longitude: -108.944833

GPS Data:

Data of Measurement: 03/01/2006 PDOP Reading: 1.6 GPS Instrument Operator's Name: J FLOYD

** If directional footage

at Top of Prod. Zone Distance: 1909 feet Direction: FNL Distance: 1946 feet Direction: FWL
Sec: 15 Twp: T2N Rng: R03W
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: D-052265

12. Spud Date: (when the 1st bit hit the dirt) 10/20/1947 13. Date TD: _____ 14. Date Casing Set or D&A: 12/21/1947

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6700 TVD _____ 17 Plug Back Total Depth MD 6700 TVD _____

18. Elevations GR 5563 KB 5575

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 - HARD COPY MAILED WITH FORM 21 4/19/2011

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	36	0	611	225	0	611	VISU
2ND	8+3/4	7+0/8	23	0	6,494	1,000	1,750	6,494	CBL
1ST LINER	7+0/4	5+1/2	17	0	6,472	305	5,100	6,472	CBL

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	
WEBER	6,497	6,700	<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 PETESON

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
400155318	FORM 5 SUBMITTED
400155957	

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)