

FORM
5Rev
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

Document Number:

400188395

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 05-103-09196-00

6. County: RIO BLANCO

7. Well Name: UNION PACIFIC

Well Number: 62AX-32

8. Location: QtrQtr: NWNW Section: 32 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 586 feet Direction: FNL Distance: 676 feet Direction: FWL

As Drilled Latitude: 40.105210 As Drilled Longitude: -108.874233

GPS Data:

Date of Measurement: 07/06/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: RANGELY

10. Field Number: 72370

11. Federal, Indian or State Lease Number: FEE

12. Spud Date: (when the 1st bit hit the dirt) 11/21/1984 13. Date TD: 01/19/1985 14. Date Casing Set or D&A: 01/01/1985

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☒ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6525 TVD** 17 Plug Back Total Depth MD 6438 TVD**

18. Elevations GR 5256 KB 5273

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 NEW LOGS

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
CONDUCTOR	12+1/4	9+5/8	36	0	2,490	560	0	2,490	VISU
1ST	8+5/8	7+0/8	23	0	6,524	1,230	1,000	6,524	CBL
1ST LINER	7+0/8	5+1/2	17	5153	6,122	75	5,100	6,122	CALC

ADDITIONAL CEMENT

Cement work date: 08/13/1997

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,740	50	5,641	5,740

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	5,490	6,525	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

JOB STARTED 5/9/2011 JOB COMPLETED 7/19/2011
FISH PACKERS, CLEAN OUT WELLBORE, RUN 5 1/2" LINER FROM 5153-6122', RE-PERF, CMT SQZ LINER TOP, TEST CASING.
FORM 5A SUBMITTED ONLINE, FORM 21 MAILED 7/22/2011

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: 7/22/2011 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400188459	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400188395	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400188401	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Emailed Diane for CBL if available.	3/7/2011 9:50:07 AM

Total: 1 comment(s)