

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

Document Number:  
400206519

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  
2. Name of Operator: CHEVRON PRODUCTION COMPANY  
3. Address: 100 CHEVRON RD  
City: RANGELY State: CO Zip: 81648  
4. Contact Name: DIANE PETERSON  
Phone: (970) 675-3842  
Fax: (970) 675-3800

5. API Number 05-103-05812-00  
6. County: RIO BLANCO  
7. Well Name: MCLAUGHLIN, A C Well Number: 32  
8. Location: QtrQtr: SWNE Section: 13 Township: 2N Range: 103W Meridian: 6  
Footage at surface: Distance: 1947 feet Direction: FNL Distance: 1950 feet Direction: FEL  
As Drilled Latitude: 40.144856 As Drilled Longitude: -108.902393

GPS Data:  
Data of Measurement: 03/14/2006 PDOP Reading: 2.4 GPS Instrument Operator's Name: JOHN FLOYD

\*\* If directional footage  
at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:  
Sec: Twp: Rng:  
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) 05/09/1947 13. Date TD: 07/03/1947 14. Date Casing Set or D&A: 07/03/1947

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6550 TVD 17 Plug Back Total Depth MD TVD

18. Elevations GR 5445 KB 5457  
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:  
HARD COPY OF CBL - SUBMITTED WITH FORM 21

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	10+3/4	40.5	0	693	500	0	693	VISU
2ND	8+3/4	7+0/4	23	0	6,338	1,250		6,338	CBL

ADDITIONAL CEMENT

Cement work date:

Details of work:

SET CIBP AT 1110' MIX AND PUMP 120 SKS 12.5 PPG LEAD CMT AT 3 BPM AT 102 PSI, MIX AND PUMP 70 SKS 15.8 PPG CLASS G TAIL CEMENT AT 3 BPM AT 190 PSI - FULL RETURNS UP 10 3/4 X 7" ANNULUSS.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	1,110	190	0	1,110

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	
			<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
400206543	OPERATIONS SUMMARY
400206568	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)