

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

400255872

Date Received:

02/28/2012

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 05-103-07465-00 6. County: RIO BLANCO
7. Well Name: MCLAUGHLIN Well Number: 9 X 33
8. Location: QtrQtr: NESE Section: 33 Township: 2N Range: 102W Meridian: 6
Footage at surface: Distance: 1324 feet Direction: FNL Distance: 2644 feet Direction: FEL
As Drilled Latitude: 40.103145 As Drilled Longitude: -108.848238

GPS Data:

Data of Measurement: 11/22/2006 PDOP Reading: 2.5 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: 7237011. Federal, Indian or State Lease Number: 4744312. Spud Date: (when the 1st bit hit the dirt) 08/18/1972 13. Date TD: 09/28/1972 14. Date Casing Set or D&A: 09/09/1972

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6355 TVD** _____ 17 Plug Back Total Depth MD 6320 TVD** _____18. Elevations GR 5243 KB 5255 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
SURF	15+0/4	10+3/4	40.5	0	757	525	0	757	VISU
1ST	8+3/4	7+0/4	23	0	6,354	700	0	6,354	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,556	190		1,556
SQUEEZE	1ST	1,556	80	803	1,556
SQUEEZE	1ST	1,105	100	0	1,105

Details of work:

2/10/12 PUMP 115 SKS CMT, FOLLOWED BY 75 SKS CMT GOOD CIRCULATION, NO CEMENT TO SURFACE
2/17/12 SPOT BALANCED PLUG WITH 80 SKS, FILL HOLE AND STAGE CMT OVER 3 HOURS, TOC 803'
2/23/12 MIX 100 SKS CMT - HESITATION SQUEEZE

ALL CEMENT JOB SUMMARIES ATTACHED.

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	5,610	6,269	<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: 2/28/2012 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400255893	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>					
400255872	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)