

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



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Document Number:
2071200

Date Received:
09/14/2010

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 USA INC Phone: (970) 6753842
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 6753842
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-11429-00 6. County: RIO BLANCO
7. Well Name: MB LARSON C Well Number: 5
8. Location: QtrQtr: SESE Section: 22 Township: 2N Range: 103W Meridian: 6
Footage at surface: Distance: 879 feet Direction: FSL Distance: 416 feet Direction: FEL
As Drilled Latitude: 40.123711 As Drilled Longitude: -108.934517

GPS Data:
Date of Measurement: 09/03/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: 1565 feet. Direction: FSL Dist.: 1036 feet. Direction: FEL
Sec: 22 Twp: 2N Rng: 103
** If directional footage at Bottom Hole Dist.: 1626 feet. Direction: FSL Dist.: 1058 feet. Direction: FEL
Sec: 22 Twp: 2N Rng: 103

9. Field Name: RANGELY 10. Field Number: 72370
11. Federal, Indian or State Lease Number: 053980

12. Spud Date: (when the 1st bit hit the dirt) 02/19/2009 13. Date TD: 08/01/2010 14. Date Casing Set or D&A: 07/30/2010

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

16. Total Depth MD 6875 TVD** 6450 17 Plug Back Total Depth MD 6873 TVD** 6448

18. Elevations GR 5582 KB 5606 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:
DENSITY, NEUTRON, GAMMA RAY LOGS & CBL

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	18	14		0	62				
SURF	12+1/2	9+5/8		0	2,067	800	0	2,067	CALC
1ST	8+3/4	7		0	6,573	686	2,840	6,573	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
DAKOTA	3,926		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	4,019		<input type="checkbox"/>	<input type="checkbox"/>	
CURTIS	4,756		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	4,853		<input type="checkbox"/>	<input type="checkbox"/>	
NAVAJO	5,061		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	5,747		<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	5,856		<input type="checkbox"/>	<input type="checkbox"/>	
MOENKOPI	5,927		<input type="checkbox"/>	<input type="checkbox"/>	
WEBER	6,578		<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: 9/13/2010 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2071201	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071202	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
2071200	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	off hold--rec'd paper logs 2/16/12 CPD/CDNL 2447753 ACBL 2447752 HVCL 2447751, 2447750 AI/RTAP/SF/EL 2447749,2447748 in scanning. operator to submit digital CBL	2/17/2012 8:59:27 AM
Permit	REQ'D ALL LOGS FROM OPERATOR. OPER. SAYS PAPER LOGS MAILED WITH THIS FORM. CAN'T FIND. REC'D PDF VERSIONS OF ALL LOGS EXCEPT CBL.	8/16/2011 7:51:25 AM
Permit	ON HOLD: Requested paper and digital logs. dhs	1/24/2011 1:51:11 PM

Total: 3 comment(s)