

**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:  
400266521

Date Received:

**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) 675-3842  
 3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800  
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-05699-00 6. County: RIO BLANCO  
 7. Well Name: MCLAUGHLIN Well Number: 28  
 8. Location: QtrQtr: SWSW Section: 23 Township: 2N Range: 103W Meridian: 6  
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FWL  
 As Drilled Latitude: 40.123101 As Drilled Longitude: -108.930684

GPS Data:  
 Date of Measurement: 03/06/2006 PDOP Reading: 2.1 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: 47443

12. Spud Date: (when the 1st bit hit the dirt) 03/03/1947 13. Date TD: 04/30/1947 14. Date Casing Set or D&A: 04/17/1947

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

16. Total Depth MD 6715 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6715 TVD\*\* \_\_\_\_\_

18. Elevations GR 5539 KB 5552 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:  
LOGS RAN IN 1947 AND 1955 (NO DIGITAL COPIES)

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	22+1/2	16+0/2	55	0	58	100	0	58	VISU
SURF	12+3/4	10+3/4	40.5	0	721	500	0	721	CBL
1ST	8+3/4	7+0/2	23	0	6,210	1,250	0		

**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	
WEBER	6,208	6,715	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comment:

WELL DRILLED IN 1947, COGCC ENGINEERING TECH BOB KOEHLER REQUESTED A FORM 5 - FOR CASING INFORMATION

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)