

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:

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:

Data 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 ?			
<u>Attachment Checklist</u>					
	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**

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Total: 0 comment(s)