

Document Number:
 2288113

Date Received:
 04/02/2012

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: CAROLYN HUNTOON
 2. Name of Operator: CHEVRON USA INC Phone: (281) 561-4945
 3. Address: 6001 BOLLINGER CANYON RD Fax: (281) 561-3566
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-081-07030-00 6. County: MOFFAT
 7. Well Name: DUNCAN B Well Number: 11
 8. Location: QtrQtr: SESW Section: 20 Township: 12N Range: 100W Meridian: 6
 Footage at surface: Distance: 753 feet Direction: FSL Distance: 2250 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: HIAWATHA WEST 10. Field Number: 34351
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/04/2001 13. Date TD: 01/19/2001 14. Date Casing Set or D&A: 02/01/2001

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

16. Total Depth MD 4830 TVD** 4681 17 Plug Back Total Depth MD 4771 TVD** 4623

18. Elevations GR 6529 KB 6542 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:

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	11	8+5/8	24	0	877	800	0	877	CALC
SURF	7+7/8	4+1/2	11.6	0	4,826	1,310	0	4,826	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	
LEWIS	4,206	4,234	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,686	4,720	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2288109

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LORA BROWN

Title: REGULATORY Date: 4/27/2012 Email: LORABROWN@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"/>
<u>Other Attachments</u>			
2288113	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Spoke with operator Form 5 ok. Added ground elevation from scout card.	6/21/2012 9:28:59 AM
Permit	On Hold. Requested clarification on well status from operator. Drilled in 03 form 5 sent 2012?	6/20/2012 10:56:18 AM
Data Entry	OPERATOR USED OLD FORM MISSING INFO I.E. LATITUDE, LONGITUDE, DATE OF MEASUREMENT , PDOP READING, GPS OPERATOR NAME 21. NO STRING NAME GIVEN FOR CASING, LINER & CEMENT	5/8/2012 12:56:00 PM

Total: 3 comment(s)