

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400310128

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: Julie Justus

2. Name of Operator: CHEVRON USA INC

Phone: (970) 257-6042

3. Address: 6001 BOLLINGER CANYON RD

Fax: (970) 245-6489

City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-07386-00

6. County: RIO BLANCO

7. Well Name: UPRR (RE-ENTRY)

Well Number: 73X-29

8. Location: QtrQtr: SWSW Section: 29 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 106 feet Direction: FSL Distance: 1290 feet Direction: FWL

As Drilled Latitude: 40.107112 As Drilled Longitude: -108.872041

## GPS Data:

Data of Measurement: 05/28/1971 PDOP Reading: 0.0 GPS Instrument Operator's Name: Unknown

\*\* If directional footage at Top of Prod. Zone Dist.: 106 feet. Direction: FSL Dist.: 1290 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 102W

\*\* If directional footage at Bottom Hole Dist.: 106 feet. Direction: FSL Dist.: 1290 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 102W

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) 11/13/1971 13. Date TD: 12/12/1971 14. Date Casing Set or D&amp;A: 12/12/1971

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6275 TVD\*\* 6275 17 Plug Back Total Depth MD 6245 TVD\*\* 6245

18. Elevations GR 5263 KB 5274

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 15           | 10+3/4         | 40.5  | 0             | 786           | 525       | 0       | 786     |        |
| 2ND         | 8+3/4        | 7              | 23    | 0             | 6,275         | 700       | 0       | 6,275   |        |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/25/2012

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| SQUEEZE     | 2ND    | 2,605                             | 100           | 2,140      | 2,654         |

Details of work:

EOT @ +-2650  
Pump 100 sks of G Cement  
POOH with tubing to get above cement top  
shut in well overnight

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                                  | 5,506          | 6,245  | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

GPS PDOP/Operator Unknown

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

Signed: \_\_\_\_\_ Print Name: Julie Justus

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: jjustus@chevron.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400310182                   | 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"/> |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)