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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:
 Date 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&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 ?	
Attachment Checklist			
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)