

FORM
5

Rev
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



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Document Number:

400342213

Date Received:

02/25/2013

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 05-103-11913-00

6. County: RIO BLANCO

7. Well Name: EMERALD

Well Number: 97X

8. Location: QtrQtr: SW NE Section: 26 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 2339 feet Direction: FNL Distance: 2613 feet Direction: FEL

As Drilled Latitude: 40.114875 As Drilled Longitude: -108.923558

GPS Data:

Data of Measurement: 11/10/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: 2612 feet. Direction: FNL Dist.: 1620 feet. Direction: FWL

Sec: 26 Twp: 2N Rng: 103W

** If directional footage at Bottom Hole Dist.: 2656 feet. Direction: FNL Dist.: 3663 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 103W

9. Field Name: RANGELY

10. Field Number: 72370

11. Federal, Indian or State Lease Number: FEE

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2012 13. Date TD: 12/15/2012 14. Date Casing Set or D&A: 10/23/2012

15. Well Classification:

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

16. Total Depth MD 6791 TVD** 6661 17 Plug Back Total Depth MD 6791 TVD** 6661

18. Elevations GR 5522 KB 5543

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:

CBL, ARRAY INDUCTION, NEUTRON, GAMMA RAY

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	26+0/4	16+0/4	65	0	102	4	0	102	VISU
SURF	12+1/4	9+5/8	36	0	2,006	950	0	2,006	VISU
1ST	8+3/4	7+0/4	23	0	4,216	618	2,210	4,216	CBL
1ST LINER	8+3/4	5+1/2	17	3923	3,923	480	3,923	6,494	CALC
OPEN HOLE	8+3/4			6494	6,791				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,396	317	1,393	1,396
SQUEEZE	1ST	4,393	233	1,215	1,393

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	6,473	6,791	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Mailed hard copy of all wellbore logs.

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: 2/25/2013 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400357402	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400342213	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384830	TIF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384831	TIF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384837	TIF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384842	TIF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384846	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384857	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Rec'd answers back from operator.	3/22/2013 8:06:53 AM
Engineer	Emailed operator with questions on 1st and 2nd strings, and loss circulation plug services cement ticket not reported on the Form 5.	3/21/2013 1:17:29 PM
Permit	Received directional survey and changed BHL distance FWL. OK now.	3/21/2013 9:36:15 AM

Total: 3 comment(s)