

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:

400499817

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 PRODUCTION COMPANY

Phone: (970) 675-3842

3. Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

5. API Number 05-103-11855-00

6. County: RIO BLANCO

7. Well Name: EMERALD

Well Number: 94X

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

Footage at surface: Distance: 1243 feet Direction: FSL Distance: 1055 feet Direction: FEL

As Drilled Latitude: 40.111232 As Drilled Longitude: -108.917993

GPS Data:

Date of Measurement: 07/14/2011 PDOP Reading: 1.1 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: 924 feet. Direction: FSL Dist.: 1123 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 103W

** If directional footage at Bottom Hole Dist.: 243 feet. Direction: FSL Dist.: 1136 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) 05/31/2011 13. Date TD: 06/15/2011 14. Date Casing Set or D&A: 06/15/2011

15. Well Classification:

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

16. Total Depth MD 6795 TVD** 6356 17 Plug Back Total Depth MD 6795 TVD** 6356

18. Elevations GR 5504 KB 5520

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:

CEMENT BOND LOG, VARIABLE DENSITY LOG AND GAMMA RAY - CCL

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	12+1/4	9+5/8	36	0	2,001	895	0	2,001	VISU
1ST	8+3/4	7+0/4	23	0	6,450	900	0	6,450	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	6,450	6,795	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ALL ATTACHMENTS WITH DOCUMENT #400198072

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)