

**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:  
400500068

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) 675-38000  
 City: RANGELY State: CO Zip: 81648

5. API Number 05-103-07110-00 6. County: RIO BLANCO  
 7. Well Name: M B LARSON Well Number: D3 X 26  
 8. Location: QtrQtr: SENE Section: 26 Township: 2N Range: 102W Meridian: 6  
 Footage at surface: Distance: 2570 feet Direction: FNL Distance: 5 feet Direction: FEL  
 As Drilled Latitude: 40.114304 As Drilled Longitude: -108.801010

GPS Data:  
 Date of Measurement: 01/08/2007 PDOP Reading: 3.5 GPS Instrument Operator's Name: J FLOYD

\*\* If directional footage at Top of Prod. Zone Dist.: 2554 feet. Direction: FNL Dist.: 18 feet. Direction: FEL  
 Sec: 26 Twp: 2N Rng: 102W  
 \*\* If directional footage at Bottom Hole Dist.: 2554 feet. Direction: FNL Dist.: 18 feet. Direction: FEL  
 Sec: 26 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) 04/24/1968 13. Date TD: 05/21/1968 14. Date Casing Set or D&A: 05/18/1968

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

16. Total Depth MD 6505 TVD\*\* 6505 17 Plug Back Total Depth MD 6505 TVD\*\* 6505

18. Elevations GR 5344 KB 5356 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:  
NO NEW LOGS

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	10+3/4	40.5	0	999	550	0	999	VISU
1ST	8+3/4	7+0/4	23	0	6,510	850	1	6,510	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,714	560	3,620	3,714

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WEBER	6,104	6,510	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ALL ATTACHMENTS SUBMITTED WITH DOCUMENT NUMBER 400153823

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)