

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:

400481487

Date Received:

09/16/2013

## 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 PRODUCTION COMPANY

Phone: (970) 675-3842

3. Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

5. API Number 05-103-09151-00

6. County: RIO BLANCO

7. Well Name: RIGBY A

Well Number: 7Y

8. Location: QtrQtr: SESW Section: 24 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 186 feet Direction: FSL Distance: 1941 feet Direction: FWL

As Drilled Latitude: 40.121794 As Drilled Longitude: -108.907270

## GPS Data:

Data of Measurement: 06/02/2006 PDOP Reading: 4.6 GPS Instrument Operator's Name: J FLOYD

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 07/08/1984 13. Date TD: 07/30/1984 14. Date Casing Set or D&amp;A: 08/23/1984

## 15. Well Classification:

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

16. Total Depth MD 6660 TVD\*\* 6656 17 Plug Back Total Depth MD 6578 TVD\*\* 6574

18. Elevations GR 5409 KB 5415

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:

MULTI-SENSOR CALIPER, CEMENT BOND LOG

## 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		16	65	0	40		0	40	VISU
SURF	12+1/4	9+5/8	36	0	2,475	570	0	2,475	VISU
1ST	8+3/4	7	23	0	6,649	995	0	6,649	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 08/27/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,700	200	5,688	6,039

Details of work:

ISOLATED HOLE IN 7" CASING 5816 - 5836'.

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	5,803	6,660	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 PETERSO9N

Title: REGULATORY SPECIALIST Date: 9/16/2013 Email: DLPE@CHEVRON.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400481562	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"/>
<u>Other Attachments</u>					
400481487	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400481571	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passes Permitting.	12/23/2013 8:46:18 AM

Total: 1 comment(s)