

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:
10/22/2013

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) 675-38000
 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.: _____ 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) 04/24/1968 13. Date TD: 05/16/1968 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 6510 TVD** _____ 17 Plug Back Total Depth MD 6505 TVD** _____

18. Elevations GR 5344 KB 5358 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 | 23 | 0 | 6,510 | 850 | 0 | 6,510 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/21/2011

| 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:

Squeeze of 03/21/2011. See doc # 400153831.

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 | 6,104 | 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: 10/22/2013 Email: DLPE@CHEVRON.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| | 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"/> |
| Other Attachments | | | |
| 400500068 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|-------------------------|
| Permit | Form 5 (P) doc 400153823 should have been submitted as Form 5 (Final.) | 3/18/2014 3:05:07 PM |

Total: 1 comment(s)