

**FORM
5**Rev
09/14**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:

400824512

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

OGCC Operator Number: 16700

Contact Name: DIANE PETERSON

Name of Operator: CHEVRON PRODUCTION COMPANY

Phone: (970) 675-3842

Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-103-05489-00

County: RIO BLANCO

Well Name: UNION PACIFIC

Well Number: B 1-34

Location: QtrQtr: NWSW Section: 34 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

Field Name: RANGELY

Field Number: 72370

Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 07/22/1945 Date TD: 12/18/1945 Date Casing Set or D&A: 12/18/1945

Rig Release Date: 12/19/1945 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6445 TVD** Plug Back Total Depth MD 6427 TVD**

Elevations GR 5279 KB 5291 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MULTIFINGER INSPECTION GAMMA RAY CASING COLLAR LOG & RADIAL CEMENT BOND GAMMA RAY CASING COLLAR LOG - HARD COPIES MAILED 4/14/2015

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20+0/2	16+0/2		0	57	125	0	57	
SURF	12+3/4	10+3/4		0	2,399	700	0		
1ST	8+3/4	7+0/2	23	0	5,670	700			
1ST LINER	7+0/2	5+0/2	18	5514	6,444	700			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/06/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,977	50	3,115	

Details of work:

ISOLATED CASING LEAK AT 3229-3264'
PUMPED HESITATION CEMENT SQUEEZE WITH A TOTAL OF 50 SKS TYPE II/V CEMENT (JOB SUMMARY ATTACHED)
LOG WELL

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WEBER	5,442	6,445	NO	NO	

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 PETERSON

Title: PERMITTING SPECIALIST

Date: _____

Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400824514	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>					
400824513	PDF-CASING EVALUATION TOOL	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400824516	PDF-CASING EVALUATION TOOL	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)