

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



Document Number:

400739154

Date Received:

11/24/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: (670) 675-3800
City: RANGELY State: CO Zip: 81648

API Number 05-103-06299-00 County: RIO BLANCO
Well Name: LARSON, F V Well Number: B-10
Location: QtrQtr: SWNW Section: 36 Township: 2N Range: 102W Meridian: 6
Footage at surface: Distance: 2033 feet Direction: FNL Distance: 537 feet Direction: FWL
As Drilled Latitude: 40.101276 As Drilled Longitude: -108.799050

GPS Data:
Date of Measurement: 01/23/2008 PDOP Reading: 2.4 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:

Field Name: RANGELY Field Number: 72370
Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 09/18/1947 Date TD: 11/19/1947 Date Casing Set or D&A: 11/05/1947
Rig Release Date: 01/04/1948 Per Rule 308A.b.

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

Total Depth MD 6366 TVD** Plug Back Total Depth MD 6366 TVD**

Elevations GR 5254 KB 5466 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
NO NEW LOGS

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
SURF	12+1/4	9+5/8	32.3	0	601	225	0	601	VISU
1ST	8+1/4	7+0/8	20	0	5,883	1,000	1,100	5,883	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:

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	5,838	6,366	NO	NO	

Operator Comments

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: 11/24/2014 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"/>
<u>Other Attachments</u>			
400739154	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	No CBL available.	3/9/2015 8:32:37 AM
Permit	Passes Permitting.	3/8/2015 8:42:19 AM
Permit	Pending while checking archives for completion report: No completion report on this well spudded in 1947. This Form 5 prepared to complete the record. No archival records found.	3/8/2015 7:56:51 AM

Total: 3 comment(s)

