

FORM
5Rev
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:

401014578

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 USA INC

Phone: (970) 675-3842

Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-103-08318-00

County: RIO BLANCO

Well Name: S B LACY

Well Number: 9X

Location: QtrQtr: SWNW Section: 24 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 1364 feet Direction: FNL Distance: 148 feet Direction: FWL

As Drilled Latitude: 40.132102 As Drilled Longitude: -108.913639

GPS Data:

Date of Measurement: 06/02/2006 PDOP Reading: 1.9 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) 11/25/1983 Date TD: 12/31/1983 Date Casing Set or D&A: 01/03/1984

Rig Release Date: 01/03/1984 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6671 TVD** Plug Back Total Depth MD 6610 TVD**

Elevations GR 5409 KB 5426 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	13+1/2	9+5/8	36	0	3,001	1,250		1,250	
1ST	8+3/4	7+0/8	23	0	6,669				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		50	0	

Details of work:

3/26/2001 - FOUND 2 PIN HOLE LEAKS APPROXIMATELY 1-2 FEET INTO THE 7" CASING. PUMPED CMT TO 400 PSI. WOC, SUCCESSFUL CASING TEST.
 3/17/2016 - FOUND 1 JT 7" CASING LEAK. DISCUSSED REPAIR WITH COGCC CRAIG BURGER, RECIEVED VERBAL APPROVAL TO PROCEED WITH 7" CASING PATCH. CUT 7" CASING A 31 FEET, FISH CASING, RUN IN HOLE WITH NEW 7" CASING.

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	
DAKOTA-WEBER	3,435		NO	NO	
SUNDANCE-MORRISON	3,507		NO	NO	
ENTRADA	4,339		NO	NO	
NAVAJO	4,528		NO	NO	
CHINLE	5,155		NO	NO	
WEBER	6,031		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: PERMIT 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

User Group

Comment

Comment Date

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Total: 0 comment(s)