

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:

401335699

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 05-103-01024-00

County: RIO BLANCO

Well Name: M C HAGOOD

Well Number: A-6

Location: QtrQtr: SWNE Section: 15 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1971 feet Direction: FEL

As Drilled Latitude: 40.144966 As Drilled Longitude: -108.940104

## GPS Data:

Date of Measurement: 03/01/2017 PDOP Reading: 3.7 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) 07/04/1947 Date TD: 08/23/1947 Date Casing Set or D&amp;A: 08/24/1947

Rig Release Date: 09/04/1947 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 6662 TVD\*\* Plug Back Total Depth MD 6662 TVD\*\*

Elevations GR 5526 KB 5538 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CEMENT BOND LOG RUN 6/29/2017

## 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+5/8	48	0	501	350	0	492	VISU
1ST	8+3/4	7+0/8	23	0	6,444	1,000			

## 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:

CHEVRON IDENTIFIED A CASING LEAK AT APPROXIMATELY 34', WE RECEIVED VERBAL APPROVAL FROM BLM PE SEAN SIMPSON TO PROCEED WITH A CASING PATCH REPAIR. 6/30/17 CASING CREW CUT AT 154' AND PULLED 7" CASING. RAN IN HOLE WITH CASING PATCH, 1 JOINT 7" 23# L80 AND 3 JOINTS 7" 23# J55 PRODUCTION CASING, ROTATED CASING PATCH CLOCKWISE AND SET ON TOP OF CASING AT 154', PULLED 4K UP TO ENSURE GOOD TEST. 7/17/17 CASING TESTED FROM SURFACE TO 5025' FOR 15 MINUTES AT 300 PSI NO DROP OFF. RAN IN HOLE WITH ESP AND RETURN TO PRODUCTION.

### 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	3,823				
MORRISON	3,920				
ENTRADA	4,723				
NAVAJO	4,930				
SHINARUMP	5,670				
MOENKOPI	5,820				
WEBER	6,439				

Comment:

WELLWORK - CASING PATCH

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: DIANE PETERSON

Title: PERMITTING 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
401335792	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)