

Document Number:
401421877

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 05-103-09893-00 County: RIO BLANCO
 Well Name: MAGOR Well Number: 1A
 Location: QtrQtr: SENE Section: 14 Township: 2N Range: 103W Meridian: 6
 Footage at surface: Distance: 1925 feet Direction: FNL Distance: 510 feet Direction: FEL
 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: _____

Spud Date: (when the 1st bit hit the dirt) 05/27/1998 Date TD: 06/13/1998 Date Casing Set or D&A: 06/14/1998
 Rig Release Date: 06/15/1998 Per Rule 308A.b.

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

Total Depth MD 6750 TVD** _____ Plug Back Total Depth MD 6700 TVD** _____

Elevations GR 5521 KB 5535 **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	8+5/8	24	0	1,020	540	0	1,020	VISU
1ST	7+7/8	5+1/2	15.5	0	6,750	960	0	6,750	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/25/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,647	50	4,410	4,582

Details of work:

Isolated casing leak at 4551-4581', ran packer to 4433', pump 275 "300 PSI" chemical squeeze, tested casing (failed), isolated leak from 4566-4576', pumped 7.1 bbls FineCem cement at 2 bpm at 135psi (cement job summary attached). Passing test casing. RIH hole with 168 joints fiberlined tubing and new packer.

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	6,423	6,750	NO	NO	

Comment:

A COGCC witnessed MIT is scheduled for 10/6/2017.

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: PERMIT SPECIALIST

Date: _____

Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401421878	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401421879	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401421881	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)