

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400135476

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

1. OGCC Operator Number: 16700 4. Contact Name: DIANE PETERSON
2. Name of Operator: CHEVRON PRODUCTION COMPANY Phone: (970) 675-3842
3. Address: 100 CHEVRON RD Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-11721-00 6. County: RIO BLANCO
7. Well Name: UNION PACIFIC Well Number: 156Y29
8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 102W Meridian: 6
Footage at surface: Distance: 469 feet Direction: FNL Distance: 2021 feet Direction: FWL
As Drilled Latitude: 40.120005 As Drilled Longitude: -108.869392

GPS Data:

Data of Measurement: 02/03/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: J FLOYD

** If directional footage

at Top of Prod. Zone Distance: 306 feet Direction: FSL Distance: 2041 feet Direction: FWL
Sec: 20 Twp: 2N Rng: 102W
at Bottom Hole Distance: 399 feet Direction: FSL Distance: 2284 feet Direction: FWL
Sec: 20 Twp: 2N Rng: 102W

9. Field Name: RANGELY 10. Field Number: 72370

11. Federal, Indian or State Lease Number: FEE

12. Spud Date: (when the 1st bit hit the dirt) 08/31/2010 13. Date TD: 09/11/2010 14. Date Casing Set or D&A: 09/10/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6542 TVD 6540 17 Plug Back Total Depth MD 6542 TVD _____

18. Elevations GR 5323 KB 5347

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CEMENT EVALUATION, GAMMA RAY, ARRAY INDUCTION, TRIPLE COMBO AND NEUTRON

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WEBER	5,903	6,600	<input type="checkbox"/>	<input type="checkbox"/>	

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: REGULATORY SPECIALIST Date: _____ Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400135491	LAS-CEMENT BOND
400135493	LAS-NEUTRON
400135497	DIRECTIONAL SURVEY
400135522	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)