


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1712233</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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:					
City:    RANGELY	State:    CO	Zip:    81648					
5. API Number    05-103-11010-00		6. County:    RIO BLANCO					
7. Well Name:    FAIRFIELD KITTI A		Well Number:    5P					
8. Location:    QtrQtr:    SENW    Section:    17    Township:    2N    Range:    102W    Meridian:    6							
Footage at surface:    Distance:    2486    feet    Direction:    FNL    Distance:    2584    feet    Direction:    FWL							
As Drilled Latitude:    40.143420	As Drilled Longitude:    -108.867453						
GPS Data:							
Data of Measurement:    06/30/2008    PDOP Reading:    1.2    GPS Instrument Operator's Name:    JOHN 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:							
9. Field Name:    RANGELY		10. Field Number:    72370					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    02/05/2008    13. Date TD:    02/07/2008    14. Date Casing Set or D&A:    02/07/2008							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    2044    TVD**		17 Plug Back Total Depth    MD       TVD**					
18. Elevations    GR    5386    KB    5386		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:							
NONE							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING									
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	36	0	2,043	850	0	2,043	VISU
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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WELL WAS DRILLED TO A DEPTH OF 2000 AND SURFACE CASING WAS RUN AND CEMENTED INTO PLACE. THE WELLBORE WAS NOT LARGE ENOUGH FOR NEW COMPLETION TOOL TEST FOR DEEP WATER COMPLETIONS.

THIS WELLBORE IS CURRENTLY BEING EVALUATED FOR DIRECTIONAL DRILLING.

D ANDREWS GRANTED EXTENSION TO P&A WELL.

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: 7/24/2009 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>			
1712233	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	THIS IS THE 00, I WILL TRY AND FIND THE 01 AND GET IT APPROVED. ALSO I WILL GET PROD TO DETERMINE CORRECT PROD WELLBORE.	4/19/2011 1:02:22 PM
Engineer	preliminary	2/23/2011 2:43:34 PM

Total: 2 comment(s)