


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		<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: 400131821	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input 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: (970) 675-3800					
City: RANGELY	State: CO	Zip: 81648					
5. API Number 05-103-11743-00		6. County: RIO BLANCO					
7. Well Name: BEEZLEY		Well Number: 6X22					
8. Location: QtrQtr: SWNE Section: 22 Township: 2N Range: 103W Meridian: 6							
Footage at surface: Distance: 2118 feet Direction: FNL		Distance: 1642 feet Direction: FEL					
As Drilled Latitude: 40.130071		As Drilled Longitude: -108.938898					
GPS Data:							
Data of Measurement: 11/30/2010		PDOP Reading: 1.5 GPS Instrument Operator's Name: J FLOYD					
** If directional footage at Top of Prod. Zone		Dist.: 2466 feet. Direction: FNL Dist.: 2287 feet. Direction: FEL					
Sec: 22 Twp: 2N Rng: 103W							
** If directional footage at Bottom Hole		Dist.: 2455 feet. Direction: FNL Dist.: 2299 feet. Direction: FEL					
Sec: 22 Twp: 2N Rng: 103W							
9. Field Name: RANGELY		10. Field Number: 72370					
11. Federal, Indian or State Lease Number: D051174							
12. Spud Date: (when the 1st bit hit the dirt) 09/30/2010 13. Date TD: 10/15/2010 14. Date Casing Set or D&A: 10/11/2010							
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 6837 TVD** 6768		17 Plug Back Total Depth MD 6837 TVD** 6768					
18. Elevations GR 5594 KB 5618		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 BOND LOG, VARIABLE DENSITY LOG GAMMA RAY / CASING COLLAR LOCATOR 2 INCH LOG GAMMA RAY - SP - CALIPER COMPENSATED NEUTRON / LITHODENSITY GAMMA RAY- SP - CALIPER TRIPLE COMBO LOG ARRAY INDUCTION / SP							
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	40	0	105	663	0	105	CALC
1ST	8+3/4	7+0/8	23	0	6,600	495	0	6,600	CBL

ADDITIONAL CEMENT

Cement work date: 10/02/2010

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	6,625	6,837	<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: 2/9/2011 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400131832	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072326	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400131821	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400131831	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400131855	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC D/S PROFILE AND PBTD MD.	4/26/2011 10:11:54 AM
Permit	req digital CBL, PBTD MD, AND D/S PROFILE	4/25/2011 1:08:43 PM

Total: 2 comment(s)