

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: <u>16700</u>		4. Contact Name: <u>DIANE PETERSON</u>					
2. Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>		Phone: <u>(970) 675-3842</u>					
3. Address: <u>100 CHEVRON RD</u>		Fax: <u>(970) 675-3800</u>					
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>					
5. API Number <u>05-103-11743-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>BEEZLEY</u>		Well Number: <u>6X22</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>22</u> Township: <u>2N</u> Range: <u>103W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2118</u> feet Direction: <u>FNL</u> Distance: <u>1642</u> feet Direction: <u>FEL</u>							
As Drilled Latitude: <u>40.130071</u> As Drilled Longitude: <u>-108.938898</u>							
GPS Data: Date of Measurement: <u>11/30/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>J FLOYD</u>							
** If directional footage at Top of Prod. Zone Dist.: <u>2466</u> feet. Direction: <u>FNL</u> Dist.: <u>2287</u> feet. Direction: <u>FEL</u>							
Sec: <u>22</u> Twp: <u>2N</u> Rng: <u>103W</u>							
** If directional footage at Bottom Hole Dist.: <u>2455</u> feet. Direction: <u>FNL</u> Dist.: <u>2299</u> feet. Direction: <u>FEL</u>							
Sec: <u>22</u> Twp: <u>2N</u> Rng: <u>103W</u>							
9. Field Name: <u>RANGELY</u>		10. Field Number: <u>72370</u>					
11. Federal, Indian or State Lease Number: <u>D051174</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>09/30/2010</u> 13. Date TD: <u>10/15/2010</u> 14. Date Casing Set or D&A: <u>10/11/2010</u>							
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 <u>6837</u> TVD** <u>6768</u>		17 Plug Back Total Depth MD <u>6837</u> TVD** <u>6768</u>					
18. Elevations GR <u>5594</u> KB <u>5618</u>		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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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 PBTB MD.	4/26/2011 10:11:54 AM
Permit	req digital CBL, PBTB MD, AND D/S PROFILE	4/25/2011 1:08:43 PM

Total: 2 comment(s)