

FORM
5

Rev
02/08

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

State of Colorado

Oil and Gas Conservation Commission



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| DE | ET | OE | ES |
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Document Number:

400190418

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

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 05-103-11464-00 6. County: RIO BLANCO
 7. Well Name: UNION PACIFIC Well Number: 153X16
 8. Location: QtrQtr: NWSW Section: 16 Township: 2N Range: 102W Meridian: 6
 Footage at surface: Distance: 2048 feet Direction: FSL Distance: 189 feet Direction: FWL
 As Drilled Latitude: 40.141408 As Drilled Longitude: -108.857053

GPS Data:

Data of Measurement: 10/15/2008 PDOP Reading: 0.7 GPS Instrument Operator's Name: J FLOYD

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 at Bottom Hole Distance: 823 feet Direction: FSL Distance: 879 feet Direction: FWL
 Sec: 16 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) 07/15/2011 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5221 TVD _____ 17 Plug Back Total Depth MD 5221 TVD _____

18. Elevations GR 5363 KB 5379 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:

NO LOGS RUN (YET)

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+3/4 | 36 | 0 | 2,001 | 495 | 0 | 2,001 | 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:

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 |
|-------------|--------------------|
| 400190425 | CEMENT JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)