

**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

Document Number:

400199505

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 05-103-11870-00

6. County: RIO BLANCO

7. Well Name: MC HAGOOD

Well Number: B2

8. Location: QtrQtr: NE NW Section: 22 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 814 feet Direction: FNL Distance: 2229 feet Direction: FWL

As Drilled Latitude: 40.133650 As Drilled Longitude: -108.944044

GPS Data:

Date of Measurement: 07/06/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: 15 feet. Direction: FSL Dist.: 1693 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 103W

** If directional footage at Bottom Hole Dist.: 15 feet. Direction: FSL Dist.: 1693 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 103W

9. Field Name: RANGELY

10. Field Number: 72370

11. Federal, Indian or State Lease Number: D-052265

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2011 13. Date TD: 07/20/2011 14. Date Casing Set or D&A: 07/23/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6910 TVD** 6548 17 Plug Back Total Depth MD 6910 TVD** 6548

18. Elevations GR 5623 KB 5639

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:

TRIPLE COMBO, CEMENT BOND LOGS

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	9+5/8	36	0	2,003	495	0	2,003	VISU
1ST	8+3/4	7+0/8	23	0	6,671	750	0	6,671	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	6,678	6,910	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

DIRECTIONAL SURVEY RUN TO 6686' TO THE TOP OF THE PRODUCING ZONE (WEBER FORMATION). DIRECTIONAL SURVEY NOT RUN TO THE BOTTOM HOLE DEPTH.

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: 8/25/2011 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400199521	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400199556	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>					
400199505	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199518	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199519	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	All logs received.	10/21/2011 9:20:42 AM
Permit	Waiting on paper copy of logs.	8/25/2011 3:03:50 PM

Total: 2 comment(s)