

**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:

400260467

Date Received:

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 USA INC

Phone: (970) 675-3842

3. Address: 6001 BOLLINGER CANYON RD

Fax: (970) 675-3800

City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-06231-00

6. County: RIO BLANCO

7. Well Name: UNION PACIFIC

Well Number: 48-29

8. Location: QtrQtr: NWNE Section: 29 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 637 feet Direction: FNL Distance: 1979 feet Direction: FEL

As Drilled Latitude: 40.119564 As Drilled Longitude: -108.864861

GPS Data:

Date of Measurement: 02/06/2008 PDOP Reading: 1.5 GPS Instrument Operator's Name: J FLOYD

** If directional footage at Top of Prod. Zone Dist.: 659 feet. Direction: FNL Dist.: 1992 feet. Direction: FEL

Sec: 29 Twp: 2N Rng: 102W

** If directional footage at Bottom Hole Dist.: 688 feet. Direction: FNL Dist.: 1993 feet. Direction: FEL

Sec: 29 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) 09/06/1947 13. Date TD: 11/10/1947 14. Date Casing Set or D&A: 10/27/1947

15. Well Classification:

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

16. Total Depth MD 6381 TVD** 6379 17 Plug Back Total Depth MD 6381 TVD** 6381

18. Elevations GR 5280 KB 5291

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 1/18/12

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+1/2	10+3/4	40.5	0	506	75	0	506	CALC
1ST	8+3/4	7+0/4	23	0	5,729	1,000	2,500	5,729	CBL
1ST LINER	7+0/4	5+0/2	18	4959	6,418	100	4,959	6,418	CBL
2ND LINER	6+1/8	5+1/2	17	0	4,955	215			CALC

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	5,720	6,381	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RE-ENTRY OF P&A WELL - SIDETRACK - RUN LINER
SUCCESSFUL MIT TEST - MARCH 8,2012
TO BE RETURNED TO INJECTION - WAITING ON FORM 33 APPROVAL

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400260573	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400260500	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"/>
400260497	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400260496	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400260498	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400260532	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)