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Document Number:  
 400253815

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 05-103-60053-00 6. County: RIO BLANCO  
 7. Well Name: MCLAUGHLIN A C Well Number: 27  
 8. Location: QtrQtr: SWSW Section: 14 Township: 2N Range: 103W Meridian: 6  
 Footage at surface: Distance: 650 feet Direction: FSL Distance: 650 feet Direction: FWL  
 As Drilled Latitude: 40.137465 As Drilled Longitude: -108.930327

GPS Data:  
 Date of Measurement: 03/13/2006 PDOP Reading: 2.2 GPS Instrument Operator's Name: J FLOYD

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: RANGELY 10. Field Number: 72370  
 11. Federal, Indian or State Lease Number: 47443

12. Spud Date: (when the 1st bit hit the dirt) 09/28/1946 13. Date TD: 12/01/1946 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6650 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6650 TVD\*\* \_\_\_\_\_

18. Elevations GR 5483 KB 5496 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:

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
CONDUCTOR	20+0/2	16+0/2	55	0	36	50	0	50	VISU
SURF	12+1/4	10+3/4	40.5	0	701	500	0	701	VISU
2ND	8+3/4	7+0/2	23	0	626,175	1,250	0	6,261	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	6,234	6,650	<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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### General Comments

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

Total: 0 comment(s)