

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400296740

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 PRODUCTION COMPANY Phone: (970) 675-3842
3. Address: 100 CHEVRON RD Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-05855-00 6. County: RIO BLANCO
7. Well Name: WILSON CREEK UNIT Well Number: 57
8. Location: QtrQtr: SWSW Section: 35 Township: 3N Range: 94W Meridian: 6
Footage at surface: Distance: 970 feet Direction: FSL Distance: 425 feet Direction: FWL
As Drilled Latitude: 40.181431 As Drilled Longitude: -107.913732

GPS Data:

Date of Measurement: 12/03/2008 PDOP Reading: 3.9 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: WILSON CREEK 10. Field Number: 93352

11. Federal, Indian or State Lease Number: 48241

12. Spud Date: (when the 1st bit hit the dirt) 02/06/1965 13. Date TD: 04/21/1965 14. Date Casing Set or D&A: 05/01/1965

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6802 TVD** _____ 17 Plug Back Total Depth MD 6802 TVD** _____

18. Elevations GR 6715 KB 6725

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 NEW 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	10+1/4	8+5/8	24	0	523	250	0		
1ST	8+0/8	5+1/2	14	0	6,725	200	0	6,725	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,137	200	5,035	5,137
SQUEEZE	1ST	5,209	20	5,195	5,209

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	
SUNDANCE-MORRISON	6,350	6,802	<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>			
400296771	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
400296754	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)