

FORM
5Rev
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



DE ET OE ES

Document Number:

2288113

Date Received:

04/02/2012

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: CAROLYN HUNTOON

2. Name of Operator: CHEVRON USA INC

Phone: (281) 561-4945

3. Address: 6001 BOLLINGER CANYON RD

Fax: (281) 561-3566

City: SAN RAMON State: CA Zip: 94583

5. API Number 05-081-07030-00

6. County: MOFFAT

7. Well Name: DUNCAN B

Well Number: 11

8. Location: QtrQtr: SESW Section: 20 Township: 12N Range: 100W Meridian: 6

Footage at surface: Distance: 753 feet Direction: FSL Distance: 2250 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: HIAWATHA WEST

10. Field Number: 34351

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/04/2001 13. Date TD: 01/19/2001 14. Date Casing Set or D&A: 02/01/2001

15. Well Classification:

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

16. Total Depth MD 4830 TVD** 4681 17 Plug Back Total Depth MD 4771 TVD** 4623

18. Elevations GR 6529 KB 6542

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	11	8+5/8	24	0	877	800	0	877	CALC
SURF	7+7/8	4+1/2	11.6	0	4,826	1,310	0	4,826	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	
LEWIS	4,206	4,234	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,686	4,720	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2288109

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LORA BROWN

Title: REGULATORY Date: 4/27/2012 Email: LORABROWN@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

User Group	Comment	Comment Date
Permit	Off Hold. Spoke with operator Form 5 ok. Added ground elevation from scout card.	6/21/2012 9:28:59 AM
Permit	On Hold. Requested clarification on well status from operator. Drilled in 03 form 5 sent 2012?	6/20/2012 10:56:18 AM
Data Entry	OPERATOR USED OLD FORM MISSING INFO I.E. LATITUDE, LONGITUDE, DATE OF MEASUREMENT , PDOP READING, GPS OPERATOR NAME 21. NO STRING NAME GIVEN FOR CASING, LINER & CEMENT	5/8/2012 12:56:00 PM

Total: 3 comment(s)