

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:

400316068

Date Received:

08/15/2012

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: 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 05-103-07461-00

6. County: RIO BLANCO

7. Well Name: S W MCLAUGHLIN

Well Number: 7X

8. Location: QtrQtr: NWSW Section: 33 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 2560 feet Direction: FSL Distance: 1252 feet Direction: FWL

As Drilled Latitude: 40.099299 As Drilled Longitude: -108.853319

GPS Data:

Date of Measurement: 11/27/2006 PDOP Reading: 2.9 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: RANGELY

10. Field Number: 72370

11. Federal, Indian or State Lease Number: 47443

12. Spud Date: (when the 1st bit hit the dirt) 07/23/1972 13. Date TD: 08/14/1972 14. Date Casing Set or D&A: 09/06/1972

15. Well Classification:

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

16. Total Depth MD 6327 TVD** 17 Plug Back Total Depth MD 6227 TVD**

18. Elevations GR 5214 KB 5227

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:

NEW CEMENT BOND / GAMMA RAY / CCL RAN 8/8/2012

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	10+3/4	40.5	0	772	525	0	772	VISU
1ST	8+3/4	7+0/4	23	0	6,323	700	0	6,323	CALC
1ST LINER	7+0/4	5+1/2	17	0	6,100	300	820	6,100	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/09/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,157	102	0	2,561

Details of work:

RBP @ 3157' SPOT 4 SACKS ON TOP OF BRIDGE PLUG
PUMPED 15 BBLs FRESH WATER TO ESTABLISH CIRCULATION
PUMP 102 SKS OF 15.8 PPG CLASS G PREMIUM CEMENT AT 2 - 4 BBLs PER MINUTE

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	5,495	6,185	<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: 8/15/2012 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400316076	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400316068	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)