

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:
400466532

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 05-103-01058-00 6. County: RIO BLANCO
 7. Well Name: A. C. MCLAUGHLIN Well Number: 14
 8. Location: QtrQtr: NWNE Section: 14 Township: 2N Range: 103W Meridian: 6
 Footage at surface: Distance: 661 feet Direction: FNL Distance: 1973 feet Direction: FEL
 As Drilled Latitude: 40.148486 As Drilled Longitude: -108.921278

GPS Data:
 Date of Measurement: 03/13/2006 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: D-032675

12. Spud Date: (when the 1st bit hit the dirt) 04/15/1998 13. Date TD: 04/23/1998 14. Date Casing Set or D&A: 09/24/1946

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

16. Total Depth MD 6656 TVD** _____ 17 Plug Back Total Depth MD 6656 TVD** _____

18. Elevations GR 5521 KB 5531 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:
SPECTRAL DENSITY DUAL SPACED NEUTRON GAMMA RAY (1998)

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	13+3/4	10+3/4	40.5	0	985	650	0	985	VISU
1ST	8+3/4	7+0/4	23	0	6,492	1,250			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	6,493	6,656	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

09/1946 INTITAL COMPLETION TD 6606'
 06/1974 WELL P&A
 04/1998 RE-ENTRY OF P&A WELL, DRILL OUT CEMENT . DEEPEN HOLE TO 6656

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

User Group	Comment	Comment Date

Total: 0 comment(s)