

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:
1798635

Date Received:
01/23/2009

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 U S A INC Phone: (281) 582-5304
 3. Address: 6001 BOLLINGER CANYON RD Fax: (713) 752-7278
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-07307-00 6. County: RIO BLANCO
 7. Well Name: FEE Well Number: 74X
 8. Location: QtrQtr: SESE Section: 30 Township: 2N Range: 102W Meridian: 6
 Footage at surface: Distance: 86 feet Direction: FSL Distance: 118 feet Direction: FEL
 As Drilled Latitude: 40.107044 As Drilled Longitude: -108.877105

GPS Data:

Data of Measurement: 10/25/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: J FLOYD W/UINTAH

** 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/04/1970 13. Date TD: 11/17/1970 14. Date Casing Set or D&A: 10/26/1970

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD _____ TVD** _____ 17 Plug Back Total Depth MD 6202 TVD** _____

18. Elevations GR 5263 KB 5273

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
SURF	13	10+3/4		0	765	525	0		CALC
1ST	8+3/4	7		0					
2ND	10+3/4	7		0	860	300	0	860	CALC

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	
DAKOTA	2,962		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	3,044		<input type="checkbox"/>	<input type="checkbox"/>	
CURTIS	3,710		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	3,833		<input type="checkbox"/>	<input type="checkbox"/>	
CARMEL	3,950		<input type="checkbox"/>	<input type="checkbox"/>	
NAVAJO	4,016		<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	4,628		<input type="checkbox"/>	<input type="checkbox"/>	
SHINARUMP	4,752		<input type="checkbox"/>	<input type="checkbox"/>	
MOENKOPI	4,840		<input type="checkbox"/>	<input type="checkbox"/>	
WEBER	5,059		<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: Y Print Name: DIANE L. PETERSON

Title: TECH ASSISTANT Date: 1/20/2009 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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)