

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



DE ET OE ES

Document Number:

1876681

Date Received:

05/27/2008

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: 10091
2. Name of Operator: BERRY PETROLEUM COMPANY
3. Address: 950 17TH ST STE 2400 ATT
City: DENVER State: CO Zip: 80202
4. Contact Name: JANNI KEIDEL
Phone: (303) 633.1858
Fax: (303) 825-3350

5. API Number 05-045-12902-00
6. County: GARFIELD
7. Well Name: CHEVRON Well Number: 18-22D
8. Location: QtrQtr: SWNW Section: 18 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1931 feet Direction: FNL Distance: 780 feet Direction: FWL
As Drilled Latitude: 39.524919 As Drilled Longitude: -108.156665

GPS Data:
Date of Measurement: 11/02/2007 PDOP Reading: 2.3 GPS Instrument Operator's Name: ROBERT WOOD

** If directional footage at Top of Prod. Zone Dist.: 2143 feet. Direction: FNL Dist.: 635 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 96W
** If directional footage at Bottom Hole Dist.: 2171 feet. Direction: FNL Dist.: 500 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/26/2007 13. Date TD: 08/17/2007 14. Date Casing Set or D&A: 08/19/2007

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

16. Total Depth MD 9413 TVD** 9384 17 Plug Back Total Depth MD TVD**

18. Elevations GR 8209 KB 8237
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:
RSTL/GR/CCL, CBL/TEMP/GR, MUD

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	24	20		0	90	125	0	90	
SURF	14+3/4	9+5/8		0	2,519	1,398	0	2,519	
1ST	8+3/4	4+1/2		0	9,323	720	3,900	9,323	CBL

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	
OHIO CREEK	6,336		<input type="checkbox"/>	<input type="checkbox"/>	TD 9413
WILLIAMS FORK	6,465		<input type="checkbox"/>	<input type="checkbox"/>	
TOG	6,728		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,783		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,211		<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: JANNI KEIDEL

Title: PERMITTING AGENT Date: 1/3/2008 Email: _____

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"/>
1876682	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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)