

Document Number:  
400561973

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: 10091 4. Contact Name: HEIDI BANG  
 2. Name of Operator: BERRY PETROLEUM COMPANY LLC Phone: (303) 999-4262  
 3. Address: 1999 BROADWAY STE 3700 Fax: (303) 999-4362  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-13652-00 6. County: GARFIELD  
 7. Well Name: CHEVRON Well Number: 11-342D  
 8. Location: QtrQtr: NWSW Section: 12 Township: 6S Range: 97W Meridian: 6  
 Footage at surface: Distance: 2599 feet Direction: FSL Distance: 385 feet Direction: FWL  
 As Drilled Latitude: 39.537279 As Drilled Longitude: -108.176644

GPS Data:  
 Date of Measurement: 06/09/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: ROBERT WOOD

\*\* If directional footage at Top of Prod. Zone Dist.: 2261 feet. Direction: FSL Dist.: 329 feet. Direction: FEL  
 Sec: 11 Twp: 6S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 1739 feet. Direction: FSL Dist.: 451 feet. Direction: FEL  
 Sec: 11 Twp: 6S Rng: 97W

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) 12/03/2007 13. Date TD: 03/28/2008 14. Date Casing Set or D&A: 03/31/2008

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

16. Total Depth MD 9380 TVD\*\* 9318 17 Plug Back Total Depth MD 9272 TVD\*\* 9272

18. Elevations GR 8129 KB 8151 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:  
CBL

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	16	9+5/8	36	0	2,536	1,155	0	2,536	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	2,500	200	2,198	2,500

Details of work:

Perforated 2 squeeze holes at 2500'. RIH with 4-1/2" 32A tension packer. Set packer at 2204'. RU pump, broke circulation pumping down tbg and taking returns up Surface pipe ( 3 bpm at 500 psi) Treated water with corrosion inhibitor. RU Halliburton to pump squeeze. Mixed and pumped 100 sks with 3% cacl-2 and tailed in with 100 sks w/.5% CFR-3 mixed at 17 ppg. SI surface pipe after pumping 31 bbls slurry. Pump in pressure 600 psi at 1 bpm, pressure broke back to 50 psi, lowered rate to 1/4 bpm and displaced cement to packer. Staged cement for 1 hr, 20 minutes, and worked pressure back up to 250 psi, Pressure on surface followed pump pressure. Reversed out tbg, Stripped packer up hole 60' and SWI for 1 hr.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ATTN: JAY KRABACHER

I've attached an updated wellbore diagram since the TD changed by 3 ft. A daily report from the casing repair is also attached. We have passed the pressure test for this well.

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

Signed: \_\_\_\_\_

Print Name: HEIDI BANG

Title: FIELD ADMIN 2

Date:

Email: HBANG@LINNENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400563853	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400562906	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400563849	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)