

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:

400661691

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 05-103-05653-00

6. County: RIO BLANCO

7. Well Name: EMERALD

Well Number: 27

8. Location: QtrQtr: SWNW Section: 25 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 2051 feet Direction: FNL Distance: 589 feet Direction: FWL

As Drilled Latitude: 40.115854 As Drilled Longitude: -108.912120

GPS Data:

Date of Measurement: 04/19/2006 PDOP Reading: 1.9 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) 09/27/1947 13. Date TD: 11/30/1947 14. Date Casing Set or D&A: 11/11/1947

15. Well Classification:

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

16. Total Depth MD 6557 TVD** 17 Plug Back Total Depth MD 6525 TVD**

18. Elevations GR 5433 KB 5445

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:

OCT 1947 - ELECTRICAL SURVEY CASING RUN
MAY 1956 - TEMPERATURE SURVEY
JUNE 1981 - ACOUSTIC CEMENT BOND LOG AND BOREHOLE COMPENSATED SONIC LOG
OCT 1983 - CASING INSPECTION LOG
NO EXTRA HARD COPIES AVAILABLE

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	21+0/4	16+0/4	65	0	57	1	0	57	VISU
SURF	12+1/4	10+3/4	40.5	0	1,545	617	0	617	VISU
1ST	8+3/4	7+0/4	23	0	5,948	1,100	3,260	5,948	CALC
1ST LINER	7+0/4	5+0/4	18	5722	6,556	344	5,722	6,556	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	
WEBER	5,784	6,557	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WELLBORE DIAGRAM INDICATES ISOLATION PACKER SET AT 5654' NOT AT THE PREVIOUSLY REPORTED 5854' (TYPO).

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: PERMITTING 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"/>
<u>Other Attachments</u>					
400661756	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)