<table>
<tr><td>FORM
5
Rev
09/14</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109
DRILLING COMPLETION REPORT</td><td>DE | ET | OE | ES
Document Number:
400779827
Date Received:</td></tr>
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| FORM 5 Rev 09/14 | State of Colorado Oil and Gas Conservation Commission | DE | ET | OE | ES |

State of Colorado
Oil and Gas Conservation Commission

FORM 5 Rev 09/14

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DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

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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   [X] Final completion   [ ] Preliminary completion

OGCC Operator Number: 16700   Contact Name: DIANE PETERSON

Name of Operator: CHEVRON USA INC   Phone: (970) 675-3842

Address: 6001 BOLLINGER CANYON RD   Fax: (970) 675-3800

City: SAN RAMON   State: CA   Zip: 94583

API Number: 05-103-08535-00   County: RIO BLANCO

Well Name: COLTHARP   Well Number: 9X

Location: QtrQtr: SWSE   Section: 35   Township: 2N   Range: 102W   Meridian: 6

Footage at surface: Distance: 453 feet Direction: FSL Distance: 1740 feet Direction: FEL

As Drilled Latitude: 40.093597   As Drilled Longitude: -108.807136

GPS Data:

Date of Measurement: 01/23/2008 PDOP Reading: 3.4 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: _____

Field Name: RANGELY   Field Number: 72370

Federal, Indian or State Lease Number: 47443

Spud Date: (when the 1st bit hit the dirt) 08/22/1980 Date TD: 09/20/1980 Date Casing Set or D&A: 09/25/1980

Rig Release Date: 10/01/1980 Per Rule 308A.b.

Well Classification:

[ ] Dry [X] Oil [ ] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

Total Depth MD 6530 TVD** _____ Plug Back Total Depth MD 6530 TVD** _____

Elevations GR 5203 KB 5215 **Digital Copies of ALL Logs must be Attached per Rule 308A** [ ]

List Electric Logs Run:

NEW GAMMA RAY - CASING COLLAR LOG RUN 1/8/2008

CASING, LINER AND CEMENT

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	9+5/8	36	0	819	660	0	819	VISU
1ST	8+3/4	7+0/4	23	0	6,530	775		6,530	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:	01/10/2015				
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,920	150		

Details of work:

Isolated casing leak at 4009-4041'
run in with cement retainer to 3920'
run in with RBP to 4841', spot 18' sand on top
pumped 150 sks 15.8 ppg cement at 1.57 bpm

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WEBER	5,730	6,530	NO	NO	

Comment:

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 ?			
Attachment Checklist					
400779856	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)