

FORM  
5Rev  
09/14

## 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:

400791763

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

OGCC Operator Number: 16700

Contact Name: DIANE PETERSON

Name of Operator: CHEVRON PRODUCTION COMPANY

Phone: (970) 675-3842

Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-103-05742-00

County: RIO BLANCO

Well Name: BEEZLEY

Well Number: 2-22

Location: QtrQtr: SWNE Section: 22 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 1970 feet Direction: FNL Distance: 1955 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* 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) 02/01/1947 Date TD: 03/21/1947 Date Casing Set or D&amp;A: 03/21/1947

Rig Release Date: 03/22/1947 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 6545 TVD\*\* Plug Back Total Depth MD 6545 TVD\*\*

Elevations GR 5371 KB 5383 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

NEW CBL RUN ON 2/4/2015

## 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
CONDUCTOR	21+0/2	16+0/2	55	0	56				
SURF	12+3/4	10+3/4	40.5	0	983				
1ST	8+1/4	7+0/4	23	0	5,767				
1ST LINER	7+0/4	5+0/4	18	5580	6,541				

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/04/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	1,800	200	0	

Details of work:

JOB SCOPE TO REPAIR SURFACE CASING LEAK AT THE WELLHEAD ASSEMBLY  
INSTALLED 1" X 10' STINGER THRU A WINDOW IN THE CONDDUCTOR DOWN THE 10 3/4" ANNULUS  
PERF CASING AT 1800', MIX AND PUMP 200 SKS TYPE ii CEMENT @ 15.8PPG  
TAG TOP OF CEMENT PLUG AT 1598'  
LOG FROM 1590 TO SURFACE  
INSTALL NEW WELLHEAD ASSEMBLY

## 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	

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 ?			
<u>Attachment Checklist</u>					
400791797	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"/>
<u>Other Attachments</u>					
400791801	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)