

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:

400817169

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 PETERSOND

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 05-103-05742-00

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&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 6371 KB 6383 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

RADIAL CEMENT BOND LOG

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+0/2	23	0	5,767				
1ST LINER	7+0/4	5+0/4	18	5580	6,541				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	1,834	435	0	1,635

Details of work:

PERF'D 7" CASING WITH 6 SHOTS @ 1635'
RAN RBP @ 1834' - SPOT SAND
PUMP 435 SKS TYPE II, NOTED FULL RETURNS, 74 BBLS CEMENT TO SURFACE

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	6,425	6,700	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 ?			
<u>Attachment Checklist</u>					
400817203	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>					
400817204	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400817250	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)