FORM 5

Rev 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

DRILLING COMPLETION REPORT

Document Number: 400934796

Date Received:

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   05-103-05782-00   County: RIO BLANCO

Well Name: MCLAUGHLIN, A C   Well Number: 20

Location: QtrQtr: SESW   Section: 13   Township: 2N   Range: 103W   Meridian: 6

Footage at surface: Distance: 660 feet   Direction: FSL   Distance: 1980 feet   Direction: FWL

As Drilled Latitude: 40.137631   As Drilled Longitude: -108.906616

GPS Data:

Date of Measurement: 03/14/2006   PDOP Reading: 2.5   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)   07/02/1946   Date TD: 09/08/1946   Date Casing Set or D&A: 08/23/1946

Rig Release Date: 09/09/1946   Per Rule 308A.b.

Well Classification:

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

Total Depth   MD 6580   TVD** _____   Plug Back Total Depth   MD 6580   TVD** _____

Elevations   GR 5418   KB 6430   **Digital Copies of ALL Logs must be Attached per Rule 308A** ☐

List Electric Logs Run:

NO NEW LOGS

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	20+1/2	16+0/4	55	0	55	60	0	55	VISU
SURF	13+3/4	10+3/4	40.5	0	1,020	650	0	650	VISU
1ST	8+3/4	7+0/4	23	0	6,166	1,250			
1ST LINER	6+1/4	5+0/4	18	6026	6,516	200			

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:

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	6,170	6,580	NO	NO	

Comment:

DOCUMENT REQUESTED BY COGCC PERMIT TECH DON SHARP
NO TOC NOTED ON ANY REPORT

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: DPLE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
Attachment Checklist					
	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)