

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



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Document Number:

401301121

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 USA INC

Phone: (970) 675-3842

Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-103-05559-00

County: RIO BLANCO

Well Name: CARNEY

Well Number: 4-34

Location: QtrQtr: NENE Section: 34 Township: 2N Range: 102W Meridian: 6

Footage at surface: Distance: 573 feet Direction: FNL Distance: 773 feet Direction: FEL

As Drilled Latitude: 40.105159 As Drilled Longitude: -108.822629

GPS Data:

Date of Measurement: 08/18/2008 PDOP Reading: 1.7 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) 03/15/1946 Date TD: 06/20/1946 Date Casing Set or D&A: 05/11/1946

Rig Release Date: 06/21/1946 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6425 TVD** Plug Back Total Depth MD 6391 TVD**

Elevations GR 5265 KB 5275 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

SECTOR BOND LOG CR/CCL 5/11/2017 AND 40 ARM CAL CR/CCL

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 | 19+1/2 | 16+0/2 | 55 | 0 | 55 | 75 | 0 | 75 | VISU |
| SURF | 13+3/4 | 10+3/4 | 40.5 | 0 | 986 | 425 | 0 | 425 | VISU |
| 1ST | 8+3/4 | 7+0/2 | 23 | 0 | 5,712 | 1,000 | | | |
| 1ST LINER | 7+0/4 | 5+0/2 | 18 | 5528 | 6,423 | 325 | | | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | 762 | | | |

Details of work:

CUT 7" CASING AT 762', PULL CASING AND DRESS OFF CASING TOP, RIH W/ 7" CASING PATCH, SET PATCH AT 762', PRESSURE TEST CASING TO 500 PSI, RUN IN HOLE WITH 19 JOINTS OF 7" 23# L80 CASING AND SET ON TOP OF CASING PATCH. TEST CASING FROM SURFACE TO RBP AT 1819' TO 580 PSI FOR 15 MINS, GOOD TEST. PLANS TO RUN NEW PLASTIC COATED TUBING AND RETURN WELL TO PRODUCTION IN JULY 2017.

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 | |
| DAKOTA | 3,229 | | | | |
| NAVAJO | 4,220 | | NO | NO | |
| CHINLE | 4,817 | | NO | NO | |
| WEBER | 5,691 | | 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 PETERSONTitle: 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 401301130 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401301134 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)