

**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



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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 PETERSON

Title: PERMITTING SPECIALIST

Date: \_\_\_\_\_

Email: DLPE@CHEVRON.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)