

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.

Document Number:
401458745

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 16700 Contact Name: DIANE PETERSON

Name of Operator: CHEVRON USA INC Phone: (970) 657-3842

Address: 100 CHEVRON RD Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-103-07147-00 County: RIO BLANCO

Well Name: RECTOR Well Number: 9X

Location: QtrQtr: NWNE Section: 3 Township: 1N Range: 102W Meridian: 6

Footage at surface: Distance: 347 feet Direction: FNL Distance: 1896 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) 07/04/1968 Date TD: 07/27/1968 Date Casing Set or D&A: 07/28/1968

Rig Release Date: 07/28/1968 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6360 TVD** _____ Plug Back Total Depth MD 6296 TVD** _____

Elevations GR 5189 KB 5203 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

RADIAL BOND LOG GAMMA RAY / CCL 11/4/2017

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
SURF	15+0/4	10+3/4	40.5	0	1,007	650	0	1,007	
1ST	9+0/4	7+0/4	23	0	6,357	850	1,630	6,357	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/06/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Isolated casing leak from 358-581' in the 7" production casing. Logged well from surface to 5500'. Copy of log attached. Cut casing at 2' and at 610', spear casing and LD 18 joints 7" J-55 casing. RIH with 7" casing patch and 15 joints 7" 23# J-55 NEW casing. Tested casing patch to 500 psi - no bleed off. Clean wellbore to PBTD at 6293'.

Rig down, wait on corod rig to return well to active production.

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	3,140		NO	NO	
MORRISON	3,232		NO	NO	
CURTIS	3,866		NO	NO	
ENTRADA	3,972		NO	NO	
CARMEL	4,104		NO	NO	
NAVAJO	4,180		NO	NO	
CHINLE	4,732		NO	NO	
SHINARUMP	4,872		NO	NO	
MOENKOPI	4,915		NO	NO	
WEBER	5,583	6,296	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: PERMIT SPECIALIST

Date: _____

Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
401458755	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)