

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:

401597721

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 05-103-07910-00

County: RIO BLANCO

Well Name: RIGBY A

Well Number: 3X

Location: QtrQtr: SESW Section: 24 Township: 2N Range: 103W Meridian: 6

Footage at surface: Distance: 148 feet Direction: FSL Distance: 1326 feet Direction: FWL

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) 12/12/1976 Date TD: 01/13/1977 Date Casing Set or D&A: 01/01/1977

Rig Release Date: 01/15/1977 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6613 TVD** Plug Back Total Depth MD 6595 TVD**

Elevations GR 5422 KB 5437 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

One new log - 3/19/2018 Radial Cement Gamma Ray 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		16+0/4	40	0	40	1	0	40	VISU
SURF	13+3/4	9+5/8	36	0	775	475	0	775	VISU
1ST	8+3/4	7+0/2	23	0	5,779	410			CALC
2ND	7+0/2	5+1/2	17	0	5,616	440	1,090		CBL
1ST LINER	7+0/2	5+0/2	18	5616	6,612	125			CALC

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	
DAKOTA	3,246		NO	NO	
MORRISON	3,344		NO	NO	
ENTRADA	4,143		NO	NO	
NAVAJO	4,341		NO	NO	
WEBER	5,813	6,613	NO	NO	

Comment:

JOB SCOPE - RUN 5 1/2" TIE BACK LINER FROM SURFACE TO 5616' AND CEMENT IN PLACE.

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 ?	
<u>Attachment Checklist</u>			
401597742	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>			
401597726	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401597768	WELLBORE DIAGRAM	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)