

DRILLING COMPLETION REPORT

Document Number:
401819592

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 USA INC Phone: (970) 675-3842
 Address: 100 CHEVRON RD Fax: (970) 675-3800
 City: RANGELY State: CO Zip: 81648

API Number 05-103-01086-00 County: RIO BLANCO
 Well Name: WILSON CREEK UNIT Well Number: 11
 Location: QtrQtr: NWNW Section: 34 Township: 3N Range: 94W Meridian: 6
 Footage at surface: Distance: 522 feet Direction: FNL Distance: 200 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: WILSON CREEK Field Number: 93352
 Federal, Indian or State Lease Number: 48241

Spud Date: (when the 1st bit hit the dirt) 06/23/1942 Date TD: 08/24/1942 Date Casing Set or D&A: 08/23/1942
 Rig Release Date: 08/25/1942 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6904 TVD** _____ Plug Back Total Depth MD 6837 TVD** _____
 Elevations GR 8099 KB 8110 **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+0/4	90	0	19	1	0		VISU
SURF	13+3/4	10+3/4	40.5	0	518	208			CALC
1ST	9+0/4	7+0/4	24.	0	6,898	204			CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2018

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,684	200	5,512	
SQUEEZE	1ST	5,684	50	5,453	5,602

Details of work:

ISOLATED CASING LEAK BETWEEN 5551-5583'
 10/22/18 PUMPED 200 SKS
 10/25/18 PUMPED 50 SKS

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	
MORRISON	6,646	6,777	NO	NO	
SUNDANCE	6,885	6,872	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 ?	
<u>Attachment Checklist</u>			
401819619	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

