

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:
401927884

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: <u>16700</u>	Contact Name: <u>DIANE PETERSON</u>
Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 675-3842</u>
Address: <u>100 CHEVRON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	

API Number <u>05-103-07715-00</u>	County: <u>RIO BLANCO</u>
Well Name: <u>A C MCLAUGHLIN</u>	Well Number: <u>62X</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>13</u> Township: <u>2N</u> Range: <u>103W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1232</u> feet Direction: <u>FSL</u>	Distance: <u>154</u> feet Direction: <u>FWL</u>
As Drilled Latitude: <u>40.139228</u>	As Drilled Longitude: <u>-108.913590</u>

GPS Data:
Date of Measurement: 03/13/2006 PDOP Reading: 2.5 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) 07/01/1975 Date TD: 07/18/1975 Date Casing Set or D&A: 07/17/1975
Rig Release Date: 07/20/1975 Per Rule 308A.b.

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

Total Depth MD <u>6591</u> TVD** _____	Plug Back Total Depth MD <u>6575</u> TVD** _____
Elevations GR <u>5433</u> KB <u>5448</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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
SURF	15+0/2	10+3/4	40.5	0	781	450	0	450	VISU
1ST	8+3/4	7+0/2	23	0	6,591	700		6,591	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/19/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,016	100	4,320	5,996
SQUEEZE	1ST	4,139	100	3,756	4,139

Details of work:

7/1/1983 ISOLATED CASING LEAK FROM 4380-4411', SQUEEZE WITH 100 SACKS CEMENT.
 1/18/2019 ISOLATED CASING LEAK FROM 3786-4133', SQUUZE WITH 100 SACKS 12.4 PPG FINECEM CEMENT.

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	3,610		NO	NO	
MORRISON	3,667		NO	NO	
CURTIS	4,403		NO	NO	
ENTRADA	4,500		NO	NO	
CARMEL	4,630		NO	NO	
NAVAJO	4,696		NO	NO	
SHINARUMP	5,445		NO	NO	
MOENKOPI	5,528		NO	NO	
WEBER	6,210	6,591	NO	NO	

Comment:

WELL RETURNED TO ACTIVE PRODUCTION WITH ELECTRICAL SUBMERSIBLE PUMP.

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>			
401927936	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

Total: 0 comment(s)

