

FORM
5
Rev
10/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402235553
Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 16700 Contact Name: ANITA SANFORD
Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
Address: 100 CHEVRON USA INC Fax: _____
City: RANGELY State: CO Zip: 81648 Email: ATLX@CHEVRON.COM

API Number 05-103-08594-00 County: RIO BLANCO
Well Name: COLTHARP, W H "B" Well Number: 2X
Location: QtrQtr: NWNW Section: 1 Township: 1N Range: 102W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 300 feet Direction: FNL Distance: 363 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
FNL/FSL _____ FEL/FWL _____
** 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) 09/27/1980 Date TD: 01/08/1981 Date Casing Set or D&A: 02/07/1981
Rig Release Date: 02/09/1981 Per Rule 308A.b.

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

Total Depth MD 6725 TVD** _____ Plug Back Total Depth MD 6680 TVD** _____
Elevations GR 5226 KB 5225 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
10/28/2019 RADIAL CEMENT BOND

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	13+3/4	9+5/8	36	0	1,498	900	0	1,498	VISU
1ST	8+3/4	7	23	0	5,169				CALC
2ND	8+3/4	7	26	5169	5,850	950			CALC
1ST LINER		5	18	5654	6,723	170			CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/30/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,391	74	4,364	5,492

Details of work:

WELL DOWN FOR HIGH WATER CUT, PULLED EQUIPMENT, REPAIRED CASING 10/30/2019 SQUEEZE CASING FROM 4364-4518 WITH 40 BBLS OF 15.8# CLASS G CMT-1.15CU FT/SK YIELD, REACHED 750 PSI. ESTIMATED 25 BBLS BEHIND PIPE. (LEAK INTERVAL BETWEEN 4454-4486) A WITNESS MIT WAS PERFORMED ON 11/7/2019. WELL TO BE TA'ED.

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	3,406		NO	NO	
MORRISON	3,494		NO	NO	
ENTRADA	4,282		NO	NO	
NAVAJO	4,558		NO	NO	
WEBER	6,092	6,725	NO	NO	

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANITA SANFORD

Title: REGULATORY ASSISTANT Date: _____ Email: ATLX@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402235815	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>			
402235795	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402240060	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)

