

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2555872

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 16700 4. Contact Name: DIANE PETERSON
2. Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-05633-00 6. County: RIO BLANCO
7. Well Name: FEE Well Number: 8
8. Location: QtrQtr: NESE Section: 29 Township: 2N Range: 102W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WEBER Status: SHUT IN
Treatment Date: 05/12/2010 Date of First Production this formation: _____
Perforations Top: 5775 Bottom: 6358 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
PULLED PRODUCTION EQUIPMENT. CLEAN OUT WELLBORE, RAN NEW FIBERLINED TUBING WAITING ON APPROVAL ON FORM 31
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0
Test Method: VESSEL Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: RE-INJECTED Gas Type: CO2 BTU Gas: _____ API Gravity Oil: 34
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5910 Tbg setting date: 05/12/2010 Packer Depth: 5517
Reason for Non-Production: _____
CONVERTED TO INJECTION WELL
Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

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 L PETERSON
Title: REGULATORY SPECIALIST Date: 6/14/2010 Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/9/2010

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|-------------------|--------------------|
| 2555872 | FORM 5A SUBMITTED | LF@2509570 2555872 |

Total Attach: 1 Files