

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:

2555861

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

5. API Number 05-103-06325-00  
6. County: RIO BLANCO  
7. Well Name: HAGOOD M C  
Well Number: A-8  
8. Location: QtrQtr: NWNW Section: 15 Township: 2N Range: 103W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WEBER Status: INJECTING  
Treatment Date: 06/14/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6625 Bottom: 6863 No. Holes: 0 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
ACIDIZE FORMATION WITH 4000 GALLONS HEATED 20% HCl, EOT @ 6755' STARTING PRESSURE OF 800 PSI.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/10/2001 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: VERSSSEL Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: RE-INJECTED Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6700 Tbg setting date: 10/10/2001 Packer Depth: 6416  
Reason for Non-Production: \_\_\_\_\_  
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 G. Neslin*

Director of COGCC

Date: 11/9/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555861	FORM 5A SUBMITTED	LF @ 2509581 2555861

Total Attach: 1 Files