

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2555861

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 05-103-06325-00 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: VERSEL 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 S. 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