

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:

2556469

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 L PETERSON
Phone: (970) 675-3842
Fax: (970) 675-3800

5. API Number 05-103-05656-00
6. County: RIO BLANCO
7. Well Name: UNION PACIFIC
Well Number: 9-29
8. Location: QtrQtr: SWNE Section: 29 Township: 2N Range: 102W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WEBER Status: PRODUCING
Treatment Date: 06/16/2010 Date of First Production this formation:
Perforations Top: Bottom: No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
CLEAN OUT OPEN HOLE, CONVERT WELL FROM PRODUCER TO INJECTION WELL
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/16/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 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: 5605 Tbg setting date: 06/16/2010 Packer Depth: 5538
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: 6/28/2010 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: 11/12/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556469	FORM 5A SUBMITTED	LF@2513168 2556469
2556470	WELLBORE DIAGRAM	LF@2513169 2556470

Total Attach: 2 Files