

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:

2556469

**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 L 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 05-103-05656-00 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: <u>WEBER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/16/2010</u>	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>CLEAN OUT OPEN HOLE, CONVERT WELL FROM PRODUCER TO INJECTION WELL</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/16/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>VESSEL</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: <u>CO2</u> BTU Gas: _____ API Gravity Oil: <u>34</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5605</u> Tbg setting date: <u>06/16/2010</u> Packer Depth: <u>5538</u>
Reason for Non-Production:	
<u>INJECTION WELL</u>	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 G. 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