

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:

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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) 6753842
Fax: (970) 6753800

5. API Number 05-103-11429-00
6. County: RIO BLANCO
7. Well Name: MB LARSON C
Well Number: 5
8. Location: QtrQtr: SESE Section: 22 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING
Treatment Date: 08/20/2010 Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒
PUMP SCALAE INHIBITOR SQUEEZE AT 7.8 BPM @850PSIM FRACTURE STIMULATION WITH TOTAL 100,380# 20/40 SUPER LC AT AVERAGE RATE OF 36.4 BPM @ 1552 PSI (SEE JOB DETAIL ATTACHED)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/13/2010 Hours: 24 Bbls oil: 51 Mcf Gas: 84 Bbls H2O: 2092
Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 84 Bbls H2O: 2092 GOR: 1647
Test Method: VESSEL Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: RE-INJECTED Gas Type: CO2 BTU Gas: 0 API Gravity Oil: 34
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6531 Tbg setting date: 09/01/2010 Packer Depth: _____
Reason for Non-Production: _____
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: 9/13/2010 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: 1/24/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)