

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

Document Number: 2511459

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

5. API Number 05-103-05696-00 6. County: RIO BLANCO 7. Well Name: UNION PACIFIC Well Number: 45-21 8. Location: QtrQtr: SESW Section: 21 Township: 2N Range: 102W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING

Treatment Date: 08/02/2010 Date of First Production this formation: Perforations Top: 5947 Bottom: 6438 No. Holes: 0 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

ACID STIMULATION 8/2/2010 PUMPED 4000 GALLONS OF 20% HCl THROUGH END OF TUBING 5776.3', AT STARTING PRESSURE OF 2.7 BPM@1890 PSI.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O: Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: Tubing Size: 2 + 7/8 Tubing Setting Depth: 5776 Tbg setting date: 04/10/2009 Packer Depth: 5712

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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 8/3/2010 Email DLPE@CHEVRON.COM
:

Attachment Check List

Att Doc Num	Name
2511459	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)