

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-size: 1.2em;">2511527</div>				
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: <u>16700</u>	4. Contact Name: <u>DIANE L PETERSON</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 675-3842</u>
3. Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	

5. API Number <u>05-103-07582-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>UNION PACIFIC</u>	Well Number: <u>90X-29</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>29</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/07/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>5607</u> Bottom: <u>6302</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;">         FRACTURE STIMULATE IN 9 STAGES- SEE ATTACHED JOB DETAIL.       </div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/05/2010</u> Hours: <u>24</u>	Bbls oil: <u>241</u> Mcf Gas: <u>258</u> Bbls H2O: <u>1032</u>
Calculated 24 hour rate: _____	Bbls oil: <u>241</u> Mcf Gas: <u>258</u> Bbls H2O: <u>1032</u> GOR: _____
Test Method: <u>VESSEL</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: <u>CO2</u> BTU Gas: <u>0</u> API Gravity Oil: <u>34</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5449</u>	Tbg setting date: <u>07/26/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
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: 8/5/2010 Email: DLPE@CHEVRON.COM

**Attachment Check List**

Att Doc Num	Name
1638053	CORRESPONDENCE
2511527	FORM 5A SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)