

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:

400129150

**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 PETERSON  
2. Name of Operator: CHEVRON PRODUCTION COMPANY Phone: (970) 675-3842  
3. Address: 100 CHEVRON RD Fax: (970) 675-3800  
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-07257-00 6. County: RIO BLANCO  
7. Well Name: EMERALD Well Number: 48X  
8. Location: QtrQtr: SWSW Section: 30 Township: 2N Range: 102W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: TEMPORARILY ABANDONED  
Treatment Date: 03/31/2009 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 5612 Bottom: 6294 No. Holes: 135 Hole size: 1/2  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ 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: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

WELL WAS SHUT IN 3/31/2009, IT HAS BEEN DETERMINED THAT THIS WELL SHOULD BE RETURNED TO PRODUCTION AFTER WELL WORK DURING THE 3RD QUARTER OF 2011.

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 PETERSON

Title: REGULATORY SPECIALIST Date: 1/31/2011 Email DLPE@CHEVRON.COM

### Attachment Check List

Att Doc Num	Name
400129150	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)