


<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> Document Number:  <div style="text-align: center; font-weight: bold;">400133833</div>	DE	ET	OE	ES																					
DE	ET	OE	ES																									
<b>COMPLETED INTERVAL REPORT</b>																												
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.																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>16700</u></td> <td style="width: 50%;">4. Contact Name: <u>DIANE PETERSON</u></td> </tr> <tr> <td>2. Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u></td> <td>Phone: <u>(970) 675-3842</u></td> </tr> <tr> <td>3. Address: <u>100 CHEVRON RD</u></td> <td>Fax: <u>(970) 675-3800</u></td> </tr> <tr> <td>City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>16700</u>	4. Contact Name: <u>DIANE PETERSON</u>	2. Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>	Phone: <u>(970) 675-3842</u>	3. Address: <u>100 CHEVRON RD</u>	Fax: <u>(970) 675-3800</u>	City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>																		
1. OGCC Operator Number: <u>16700</u>	4. Contact Name: <u>DIANE PETERSON</u>																											
2. Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>	Phone: <u>(970) 675-3842</u>																											
3. Address: <u>100 CHEVRON RD</u>	Fax: <u>(970) 675-3800</u>																											
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-103-05486-00</u></td> <td style="width: 50%;">6. County: <u>RIO BLANCO</u></td> </tr> <tr> <td>7. Well Name: <u>CARNEY</u></td> <td>Well Number: <u>9-35</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u></td> <td></td> </tr> </table>				5. API Number <u>05-103-05486-00</u>	6. County: <u>RIO BLANCO</u>	7. Well Name: <u>CARNEY</u>	Well Number: <u>9-35</u>	8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>		9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>																		
5. API Number <u>05-103-05486-00</u>	6. County: <u>RIO BLANCO</u>																											
7. Well Name: <u>CARNEY</u>	Well Number: <u>9-35</u>																											
8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>																												
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>																												
<u>Completed Interval</u>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>WEBER</u></td> <td style="width: 50%;">Status: <u>INJECTING</u></td> </tr> </table>				FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>																							
FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>																											
<table style="width: 100%;"> <tr> <td style="width: 50%;">Treatment Date: <u>02/11/2011</u></td> <td style="width: 50%;">Date of First Production this formation: _____</td> </tr> <tr> <td>Perforations Top: <u>5833</u> Bottom: <u>6475</u></td> <td>No. Holes: <u>0</u> Hole size: <u>1/2</u></td> </tr> </table>				Treatment Date: <u>02/11/2011</u>	Date of First Production this formation: _____	Perforations Top: <u>5833</u> Bottom: <u>6475</u>	No. Holes: <u>0</u> Hole size: <u>1/2</u>																					
Treatment Date: <u>02/11/2011</u>	Date of First Production this formation: _____																											
Perforations Top: <u>5833</u> Bottom: <u>6475</u>	No. Holes: <u>0</u> Hole size: <u>1/2</u>																											
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>																												
<div style="border: 1px solid black; padding: 5px;">         Convert to production well to a injection well, pulled production equipment, run in with injection string. 2 7/8 TUBING SET N 2/11/2011       </div>																												
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
<b>Test Information:</b>																												
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td colspan="2">Choke Size: _____</td> </tr> <tr> <td>Gas Disposition: <u>RE-INJECTED</u></td> <td>Gas Type: _____</td> <td>BTU Gas: _____</td> <td colspan="2">API Gravity Oil: _____</td> </tr> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td colspan="2">Packer Depth: <u>5137</u></td> </tr> </table>				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: <u>RE-INJECTED</u>	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: <u>5137</u>	
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: <u>RE-INJECTED</u>	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____																									
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: <u>5137</u>																									
Reason for Non-Production:																												
<div style="border: 1px solid black; padding: 5px;">         CONVERTED TO INJECTION WELL, WAITING ON CO2 AND WATER INJECTION LINES TO BE INSTALLED.       </div>																												
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:																												

**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: 2/16/2011 Email DLPE@CHEVRON.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400133833	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)