

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:

400171529

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 PRODUCTION COMPANY  
3. Address: 100 CHEVRON RD  
City: RANGELY State: CO Zip: 81648  
4. Contact Name: DIANE PETERSON  
Phone: (970) 675-3842  
Fax: (970) 675-3800

5. API Number 05-103-05880-00  
6. County: RIO BLANCO  
7. Well Name: WILSON CREEK UNIT(MR-SN) Well Number: 5  
8. Location: QtrQtr: NENE Section: 34 Township: 3N Range: 94W Meridian: 6  
9. Field Name: WILSON CREEK Field Code: 93352

Completed Interval

FORMATION: SUNDANCE-MORRISON Status: PRODUCING  
Treatment Date: 05/28/2011 Date of First Production this formation:  
Perforations Top: 6442 Bottom: 6525 No. Holes: 170 Hole size: 1/2  
Provide a brief summary of the formation treatment: Open Hole: ☐  
ACID STIMULATION PUMP 3000 GALLONS OF 15% HCL AT AVERAGE RATE OF 4.2 BBL PER MIN AT AVERAGE PRESSURE OF 125 PSI  
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:  
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: 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name  |
|-------------|-------|
| 400171533   | OTHER |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
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Total: 0 comment(s)