

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:

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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 05-103-07977-00 6. County: RIO BLANCO
7. Well Name: UNION PACIFIC Well Number: 102X-20
8. Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING
Treatment Date: 07/01/2011 Date of First Production this formation: _____
Perforations Top: 5858 Bottom: 6470 No. Holes: 302 Hole size: 1/2
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
ACID STIMULATION - PUMPED 4000 GALLONS OF 20% HCL THROUGH END OF TUBING AT 5810' AT STARTING PRESSURE OF 1 BPM @ 1200 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: 2 + 7/8 Tubing Setting Depth: 5842 Tbg setting date: 11/03/1995 Packer Depth: 5767
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:

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: _____ 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)