

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:

400198121

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 05-103-11858-00 6. County: RIO BLANCO
7. Well Name: EMERALD Well Number: 93X
8. Location: QtrQtr: SESE Section: 26 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/15/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>6450</u> Bottom: <u>6795</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>FRACTURE STIMULATE WITH TOTAL PROP 16/30 FRAC SAND OF 99,300# @ 62 BMP 2204PSI.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/19/2011</u> Hours: <u>24</u>	Bbls oil: <u>478</u> Mcf Gas: <u>50</u> Bbls H2O: <u>99</u>
Calculated 24 hour rate:	Bbls oil: <u>478</u> Mcf Gas: <u>50</u> Bbls H2O: <u>99</u> GOR: _____
Test Method: <u>TEST VESSEL</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: <u>CO2</u> BTU Gas: _____ API Gravity Oil: <u>34</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: _____	Tbg setting date: <u>08/08/2011</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 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
400198416	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)