

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:

2286527

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: LORA BROWN
2. Name of Operator: CHEVRON USA INC Phone: (307) 352-5120
3. Address: 6001 BOLLINGER CANYON RD Fax: (307) 352-5180
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-081-06864-00 6. County: MOFFAT
7. Well Name: F S DUNCAN B Well Number: 5
8. Location: QtrQtr: NWNE Section: 20 Township: 12N Range: 100W Meridian: 6
9. Field Name: HIAWATHA WEST Field Code: 34351

Completed Interval

FORMATION: FORT UNION Status: PRODUCING

Treatment Date: 09/01/2011 Date of First Production this formation: _____

Perforations Top: 3906 Bottom: 4033 No. Holes: 28 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SEE SUMMARY ABOVE - FORMATIONS ARE COMMINGLED DOWNHOLE.

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 WOULD NOT FLOW AFTER ACID WORK - WAITING FOR SWAB RIG.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: LEWIS Status: PRODUCING

Treatment Date: 09/01/2011 Date of First Production this formation: _____

Perforations Top: 4530 Bottom: 4550 No. Holes: 20 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

TIH TO TOP OF FISH AT 4088' WITH FISHING TOOLS AND PULLED ALL THE FISH OUT OF THE HOLE. INSPECTED TUBING, REPLACED ANY BAD JTS. CLEANED OUT WELL. TOH. TIH WITH TBG TO 4017'. ACIDIZE WELL ON 9/1/2011 WITH 15 BBLS FOAMED ACID. DISPLACE WITH N2 AT A PRESSURE OF 600 PSI. POH TO LANDING DEPTH OF 3926'. LAND TBG. WELL IS SHUT IN, WOULD NOT FLOW. WAITING FOR SWAB RIG.

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: 4770

Reason for Non-Production: _____

WELL WOULD NOT FLOW - WAITING FOR SWAB RIG.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WASATCH G Status: PRODUCING

Treatment Date: 09/01/2011 Date of First Production this formation: _____

Perforations Top: 2026 Bottom: 3280 No. Holes: 37 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SEE SUMMARY ON OTHER PAGE - FORMATIONS ARE COMMINGLED DOWNHOLE.

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: 4770

Reason for Non-Production: _____

WELL WOULD NOT FLOW AFTER ACID WORK - WAITING FOR SWAB RIG.

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: LORA BROWN

Title: REGULATORY

Date: 12/13/2011

Email: LORABROWN@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
2286527	FORM 5A SUBMITTED
2286528	WELLBORE DIAGRAM
2286529	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)