

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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) 675-3800
3. Address: 100 CHEVRON RD City: RANGELY State: CO Zip: 81648 Fax: (970) 675-3842

5. API Number 05-103-60053-00 6. County: RIO BLANCO
7. Well Name: MCLAUGHLIN A C Well Number: 27
8. Location: QtrQtr: SWSW Section: 14 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: TEMPORARILY ABANDONED
Treatment Date: Date of First Production this formation:
Perforations Top: 6250 Bottom: 6650 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [ ] Yes [X] 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: RE-INJECTED Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6233 Tbg setting date: 08/29/2008 Packer Depth: 6191
Reason for Non-Production:
high water cut - not economical to produce at this time
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.

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)