

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



Table with 4 columns: DE, ET, OE, ES

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Date Received:

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 USA INC
3. Address: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583
4. Contact Name: DIANE PETERSON
Phone: (970) 675-3842
Fax: (970) 675-3800

5. API Number 05-103-05699-00
6. County: RIO BLANCO
7. Well Name: MCLAUGHLIN
Well Number: 28
8. Location: QtrQtr: SWSW Section: 23 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN
Treatment Date: 07/13/2001 Date of First Production this formation:
Perforations Top: 6210 Bottom: 6715 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
[FRACTURE STIMULATE, CLEAN OUT AND STABILIZE OPEN HOLE TO 6590']
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: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
[SHUT IN FOR FLOWLINE REPLACEMENT]
Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:
FRACTURE STIMULATION AND NEW PBTD OF 6590' REPORTED FOR 7/13/2001
CURRENT STATUS OF WELL SHUT IN DUE TO FLOWLINE REPLACEMENT 2/13/2012

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)