

FORM 5A Rev 06/12

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 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 05-103-07738-00 6. County: RIO BLANCO 7. Well Name: MCLAUGHLIN, A C Well Number: 66X 8. Location: QtrQtr: NWSW Section: 23 Township: 2N Range: 103W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: Treatment Date: 05/04/2012 End Date: Date of First Production this formation: Perforations Top: 6249 Bottom: 6377 No. Holes: 33 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: BULLHEAD 3000 GALLONS OF 20% HCL AT 0.3 BPM @ 200 PSI.

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: 6355 Tbg setting date: 07/30/1998 Packer Depth: 6120

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 L PETERSON

Title: REGULATORY SPECIALIST Date: 5/7/2012 Email: DLPE@CHEVRON.COM
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Attachment Check List

Att Doc Num	Name
400281556	FORM 5A SUBMITTED

Total Attach: 1 Files