

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400281556

Date Received:

05/07/2012

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  
:

### **Attachment Check List**

Att Doc Num	Name
400281556	FORM 5A SUBMITTED

Total Attach: 1 Files