

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400321061 Date Received: 08/27/2012

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

5. API Number 05-103-05559-00 6. County: RIO BLANCO
7. Well Name: CARNEY Well Number: 4-34
8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/25/2012 End Date: 08/25/2012 Date of First Production this formation:
Perforations Top: 5697 Bottom: 6354 No. Holes: 96 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: []

FRACTURE STIMULATION

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 774 Max pressure during treatment (psi): 4910
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft): 0.77
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 192 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 95060 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Waiting on clean out workover.

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: 8/27/2012 Email: DLPE@CHEVRON.COM
:

Attachment Check List

Att Doc Num	Name
400321061	FORM 5A SUBMITTED
400321065	OTHER

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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