

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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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 PRODUCTION COMPANY 3. Address: 100 CHEVRON RD City: RANGELY State: CO Zip: 81648 4. Contact Name: DIANE PETERSON Phone: (970) 675-3842 Fax: (970) 675-3800

5. API Number 05-103-08041-01 6. County: RIO BLANCO 7. Well Name: EMERALD Well Number: 63X 8. Location: QtrQtr: NWSE Section: 25 Township: 2N Range: 103W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN Treatment Type: Treatment Date: 04/04/2013 End Date: 04/04/2013 Date of First Production this formation: Perforations Top: 5990 Bottom: 6410 No. Holes: 411 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: []

Broke down perms with water on 4/4/2013

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

Total fluid used in treatment (bbl): 1800 Max pressure during treatment (psi): 2300 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): 1800 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: 5973 Tbg setting date: 04/08/2013 Packer Depth: 5892

Reason for Non-Production: INJECTION WELL - SHUT IN - WAITING ON FORM 33 APPROVAL

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:

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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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)