

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



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Document Number:

400453807

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 05-103-06133-00  
6. County: RIO BLANCO  
7. Well Name: GRAY  
Well Number: B-4  
8. Location: QtrQtr: NWSE Section: 18 Township: 2N Range: 102W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB  
Treatment Date: 07/23/2013 End Date: 07/23/2013 Date of First Production this formation:  
Perforations Top: 6280 Bottom: 6604 No. Holes: 267 Hole size: 1/2  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): 95 Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): 78 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 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: 2 + 7/8 Tubing Setting Depth: 6490 Tbg setting date: 10/14/2000 Packer Depth: 5959  
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: \*\* 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

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### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)