

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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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, 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 Fax: (970) 675-3800
 City: RANGELY State: CO Zip: 81648

5. API Number 05-103-07827-00 6. County: RIO BLANCO
 7. Well Name: FEE Well Number: 98X
 8. Location: QtrQtr: NWNE Section: 19 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: 08/16/2013 End Date: 08/16/2013 Date of First Production this formation: _____

Perforations Top: 6157 Bottom: 6591 No. Holes: 108 Hole size: 1/2

Provide a brief summary of the formation treatment: _____ Open Hole:

PUMP 15% HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 95 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): _____ 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)