

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 4. Contact Name: DIANE PETERSOND
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 05-103-09285-00 6. County: RIO BLANCO
7. Well Name: EMERALD Well Number: 7A
8. Location: QtrQtr: SENW Section: 30 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: 11/01/2013 End Date: 11/01/2013 Date of First Production this formation:

Perforations Top: 5636 Bottom: 6467 No. Holes: 264 Hole size: 1/2

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

RUN IN HOLE WITH COILED TUBING TO 6474', PUMP 4000 GALLONS 15% HCL.

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

Total fluid used in treatment (bbl): 215 Max pressure during treatment (psi): 1600

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): 120 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: 6492 Tbg setting date: 08/25/2012 Packer Depth: 5472

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)