

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:

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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 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	Email: DLPE@CHEVRON.COM

5. API Number 05-103-05481-00	6. County: RIO BLANCO
7. Well Name: EMERALD	Well Number: 25
8. Location: QtrQtr: NWNW Section: 36 Township: 2N Range: 103W Meridian: 6	
9. Field Name: RANGELY	Field Code: 72370

Completed Interval

FORMATION: WEBER	Status: INJECTING	Treatment Type: ACID JOB
Treatment Date: 04/30/2014	End Date: 04/30/2014	Date of First Production this formation:
Perforations Top: 5680	Bottom: 6496	No. Holes: 108
		Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

15% HCL PUMPED DOWN TUBING.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 146	Max pressure during treatment (psi): 2000
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): 98	Number of staged intervals:
Recycled water used in treatment (bbl): 48	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: <input type="checkbox"/>
	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: 6597	Tbg setting date: 10/08/2010	Packer Depth: 5794	
Reason for Non-Production: INJECTION WELL				
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)