

FORM
5ARev
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:

400608939

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
 Email: DLPE@CHEVRON.COM

5. API Number 05-103-06331-00
 6. County: RIO BLANCO
 7. Well Name: HAGOOD M C
 Well Number: 5
 8. Location: QtrQtr: NWSE Section: 15 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: 05/13/2014 End Date: 05/13/2014 Date of First Production this formation:
 Perforations Top: 6415 Bottom: 6720 No. Holes: Hole size:
 Provide a brief summary of the formation treatment: Open Hole: ☒

ACID STIMULATION

This formation is commingled with another formation: ☐ Yes ☒ No
 Total fluid used in treatment (bbl): 263 Max pressure during treatment (psi): 1900
 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): 96 Number of staged intervals:
 Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
 Fresh water used in treatment (bbl): 167 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: 6591 Tbg setting date: 09/24/2001 Packer Depth: 6201

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: PERMITTING SPECIALIST

Date: _____

Email DLPE@CHEVRON.COM

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Attachment Check List

Att Doc Num

Name

400608939

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)