

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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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 05-103-06133-00
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): 173 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: 7/24/2013 Email: DLPE@CHEVRON.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400453807	FORM 5A SUBMITTED

Total Attach: 1 Files

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