

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, 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 05-103-11156-00 6. County: RIO BLANCO
 7. Well Name: S.A. GUIBERSON Well Number: 5
 8. Location: QtrQtr: NENE Section: 18 Township: 2N Range: 102W Meridian: 6
 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 09/02/2014 End Date: 09/02/2014 Date of First Production this formation: _____
 Perforations Top: 6498 Bottom: 6601 No. Holes: _____ Hole size: _____
 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): 1693 Max pressure during treatment (psi): 2530
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73
 Total acid used in treatment (bbl): _____ Number of staged intervals: 9
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 1693 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 140040 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 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

<u>Att Doc Num</u>	<u>Name</u>
400682678	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)