

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:

400412470

Date Received:

05/10/2013

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: 10091

2. Name of Operator: BERRY PETROLEUM COMPANY LLC

3. Address: 1999 BROADWAY STE 3700

City: DENVER State: CO Zip: 80202

4. Contact Name: HEIDI BANG

Phone: (303) 999-4262

Fax: (303) 999-4362

Email: HSB@BRY.COM

5. API Number 05-045-12907-00

7. Well Name: CHEVRON

8. Location: QtrQtr: SWNW Section: 18 Township: 6S Range: 96W Meridian: 6

9. Field Name: Field Code:

6. County: GARFIELD

Well Number: 18-25D

### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/10/2013 End Date: 04/11/2013 Date of First Production this formation: 01/14/2008

Perforations Top: 7152 Bottom: 7856 No. Holes: 64 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stage 4: 7574-7856 @ 2SPF (32 shots): Frac'd with 182,000# of 20/40 white sand and 6393 bbls of fluid w/ 500g 7.5% acid  
Stage 5: 7152-7400 @ 2SPF (32 shots): Frac'd with 280,220# of 20/40 white sand and 9144 bbls of fluid w/ 500g 7.5% acid

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

Total fluid used in treatment (bbl): 15561

Max pressure during treatment (psi): 4897

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.47

Total acid used in treatment (bbl): 24

Number of staged intervals: 2

Recycled water used in treatment (bbl): 15537

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 0

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 462220

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: 04/23/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 188

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 188 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1130 Tubing PSI: 700 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8700 Tbg setting date: 05/02/2013 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:

Recompletion (2 addtl stages) for Chevron 18-25D.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: HEIDI BANG

Title: REG COMPLIANCE ASSISTANT Date: 5/10/2013 Email: HSB@BRY.COM

### Attachment Check List

Att Doc Num	Name
400412470	FORM 5A SUBMITTED
400416730	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Changed gal to bbl on Formation Information panel. dhs.	10/15/2014 7:14:02 AM

Total: 1 comment(s)