

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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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 USA INC 3. Address: 6001 BOLLINGER CANYON RD City: SAN RAMON State: CA Zip: 94583 4. Contact Name: ALVIN HALCOMB Phone: (970) 629-0798 Fax: (970) 675-3800 Email: AHDO@CHEVRON.COM

5. API Number 05-103-07992-00 6. County: RIO BLANCO 7. Well Name: EMERALD Well Number: 64X 8. Location: QtrQtr: NENE Section: 26 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: 10/27/2014 End Date: 10/27/2014 Date of First Production this formation: Perforations Top: 6111 Bottom: 6578 No. Holes: 351 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: []

BULLHEADED 4000 GALLONS 15% HCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 235 Max pressure during treatment (psi): 1700 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): 140 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: 6090 Tbg setting date: 02/05/2014 Packer Depth: 6029

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**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)