

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400720412 Date Received: 10/30/2014

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, reoperation 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: ALVIN HALCOMB Phone: (970) 629-0798 Fax: (970) 675-3800 Email: AHDO@CHEVRON.COM

5. API Number 05-103-07491-00 6. County: RIO BLANCO 7. Well Name: FEE Well Number: 80X 8. Location: QtrQtr: SWSW Section: 22 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: 10/29/2014 End Date: 10/29/2014 Date of First Production this formation: Perforations Top: 6174 Bottom: 6536 No. Holes: 72 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: [ ]

ACID STIMULATION WITH 15% HCL

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

Total fluid used in treatment (bbl): 219 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): 124 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: 6164 Tbg setting date: 04/09/2013 Packer Depth: 5886

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: 10/30/2014 Email: DLPE@CHEVRON.COM  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400720412	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: acid job on injection well.	12/31/2014 8:04:01 AM

Total: 1 comment(s)