

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: 01/14/2015

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 05-103-06316-00
6. County: RIO BLANCO
7. Well Name: MCLAUGHLIN, A C
Well Number: 44
8. Location: QtrQtr: SESW Section: 11 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: NAVAJO Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 01/09/2015 End Date: 01/09/2015 Date of First Production this formation:
Perforations Top: 5108 Bottom: 5718 No. Holes: 1220 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: []

PUMPED 800 GALLONS 15% HCL

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

Total fluid used in treatment (bbl): 229
Max pressure during treatment (psi): 1350
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): 19
Number of staged intervals:
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 210
Disposition method for flowback:
Total proppant used (lbs):
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: 2 + 7/8 Tubing Setting Depth: 5078 Tbg setting date: 01/13/2015 Packer Depth: 4854

Reason for Non-Production: DISPOSAL 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:

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: 1/14/2015 Email DLPE@CHEVRON.COM
:

Attachment Check List

Att Doc Num **Name**

400771180	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Passes Permitting: Acid job followed by shut-in.	4/6/2015 7:02:02 AM
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Total: 1 comment(s)