

FORM
5ARev
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:

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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 05-103-09284-00 6. County: RIO BLANCO
 7. Well Name: UNION PACIFIC Well Number: 52A-29
 8. Location: QtrQtr: SENW Section: 29 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: 08/13/2015 End Date: 08/13/2015 Date of First Production this formation: _____
 Perforations Top: 5626 Bottom: 6243 No. Holes: 129 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

PUMPED 4000 GALLONS 15% HCL WITH 195 GALLONS MUSOL SOLVENT

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 299Max pressure during treatment (psi): 2439

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): 200

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: 5495 Tbg setting date: 06/01/2006 Packer Depth: 5410

Reason for Non-Production: INJECTION WELLDate 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>
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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)