

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: 400853462 Date Received: 06/15/2015

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 USA INC 3. Address: 6001 BOLLINGER CANYON RD City: SAN RAMON State: CA Zip: 94583 4. Contact Name: Julie Justus Phone: (970) 257-6042 Fax: (970) 245-6489 Email: jjustus@chevron.com

5. API Number 05-103-01125-00 6. County: RIO BLANCO 7. Well Name: WILSON CREEK UNIT(MR-SN) Well Number: 2 8. Location: QtrQtr: SESW Section: 27 Township: 3N Range: 94W Meridian: 6 9. Field Name: WILSON CREEK Field Code: 93352

Completed Interval

FORMATION: SUNDANCE-MORRISON Status: INJECTING Treatment Type: ACID JOB Treatment Date: 05/13/2015 End Date: 05/13/2015 Date of First Production this formation: Perforations Top: 6810 Bottom: 7002 No. Holes: 216 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: Pump 1500 gals 15% HCL at 4.3 bpm @0 psi. Flush with 44 bbls fresh water.

This formation is commingled with another formation: Total fluid used in treatment (bbl): 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): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Date formation Abandoned: Squeeze: 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: Julie Justus

Title: Regulatory Specialist Date: 6/15/2015 Email: jjustus@chevron.com
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Attachment Check List

Att Doc Num **Name**

400853462	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Passes permitting. The Operator confirmed the perforation zone.	10/6/2015 6:57:50 AM
Permit	Waiting on the Operator for clarification of the perforation zone.	10/1/2015 11:04:45 AM

Total: 2 comment(s)