

FORM
5A

Rev
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:

10/09/2015

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: 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 05-103-06326-00
6. County: RIO BLANCO
7. Well Name: HAGOOD M C
Well Number: A-4
8. Location: QtrQtr: NENW Section: 15 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: 10/08/2015 End Date: 10/08/2015 Date of First Production this formation: 05/10/2002
Perforations Top: 6596 Bottom: 6743 No. Holes: Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

Pump 165 gallons solvent and 4000 gallons 15% hcl @ 2046psi.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 249

Max pressure during treatment (psi): 2046

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): 150

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: 6362 Tbg setting date: 03/07/2006 Packer Depth: 6299

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:

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: 10/9/2015 Email DLPE@CHEVRON.COM
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Attachment Check List

Att Doc Num **Name**

Total Attach: Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting.	3/6/2016 6:42:35 AM
Permit	Changed the open hole interval from "6592-6696" to "6596-6743" after confirmation with the Operator. Sent an email to the Operator to clarify the total fluids used during treatment.	1/5/2016 11:52:40 AM
Permit	Waiting on a response from the Operator regarding the open hole interval and the as-drilled coordinates. Date of First Production was formulated from the amount of days produced in the first month of production for this well.	10/14/2015 9:34:34 AM

Total: 3 comment(s)