

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:

401032179

Date Received:

04/20/2016

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 05-103-06262-00

7. Well Name: UNION PACIFIC

8. Location: QtrQtr: SENE Section: 31 Township: 2N Range: 102W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 60-31

### Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB  
Treatment Date: 04/19/2016 End Date: 04/19/2016 Date of First Production this formation: 05/01/1997  
Perforations Top: 5630 Bottom: 6245 No. Holes: 104 Hole size: 1/2  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒

PERFORATION FROM 5630-6120  
OPEN HOLE FROM 6185-6245  
PUMPED 110 GALLONS MUSUL SOLVENT AND 2000 GALLONS 15% HCL AT 1.5 BPM @ 2470 PSI, FLUSH WITH 170 BBLS WATER

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

Total fluid used in treatment (bbl): 220

Max pressure during treatment (psi): 2470

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): 47

Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 170

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: 6156 Tbg setting date: 05/10/2000 Packer Depth: 5306

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: 4/20/2016 Email: DLPE@CHEVRON.COM

### Attachment Check List

**Att Doc Num** **Name**

401032179 FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting. Added the first day of production that was provided by the Operator.	3/8/2016 6:12:36 AM
Permit	Waiting on the first day of production. Ready to pass.	3/7/2016 3:24:50 PM
Permit	Waiting on a response from the Operator regarding the depth discrepancy in the perforation interval.	6/3/2016 12:52:19 PM

Total: 3 comment(s)