

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: 401058578 Date Received: 06/06/2016

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 05-103-07692-00 6. County: RIO BLANCO 7. Well Name: MCLAUGHLIN, A C Well Number: 60X 8. Location: QtrQtr: NWSE Section: 14 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: 06/01/2016 End Date: 06/01/2016 Date of First Production this formation: 06/01/1985

Perforations Top: 6228 Bottom: 6624 No. Holes: 398 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: []

PUMPED 2000 GALLONS 15% HCL WITH 96 GALLONS MUTUAL SOLVENT WITH ADDITIVES, 160 BBLs FRESH WATER

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

Total fluid used in treatment (bbl): 210 Max pressure during treatment (psi): 2000

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): 160 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: 6375 Tbg setting date: 08/13/2012 Packer Depth: 6290

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: 6/6/2016 Email: DLPE@CHEVRON.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401058578	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 injection per Operator instruction.	6/17/2016 7:26:45 AM
Permit	Sent another request for additional information to the Operator.	6/16/2016 11:42:02 AM
Permit	Reviewing. Waiting on the date of first injection.	6/9/2016 11:45:04 AM

Total: 3 comment(s)