

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-103-05782-00
6. County: RIO BLANCO
7. Well Name: MCLAUGHLIN, A C
Well Number: 20
8. Location: QtrQtr: SESW Section: 13 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: 06/30/2015 End Date: 06/30/2015 Date of First Production this formation: 04/01/1969
Perforations Top: 6190 Bottom: 6580 No. Holes: 190 Hole size: 1/2

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

PUMPED 4000 GALLONS 15% HCL W/ 165 GALLONS SOLVENT & 3800 GAL FRESH WATER AT 3.0 BPM
Open hole: 6514-6580

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 190 Max pressure during treatment (psi): 2300
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): 91 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: 6536 Tbg setting date: 04/18/2012 Packer Depth: 5920

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: 7/1/2015 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num **Name**

400862184	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Passes permitting.	6/8/2016 10:58:22 AM
Permit	Waiting on a response from the Operator. The first day of injection was added per Operator instruction.	3/6/2016 8:11:55 AM
Permit	Requested completion report Form 5 on this well in its present configuration. Put this 5A On Hold until completion report is received.	11/10/2015 9:56:38 AM
Permit	Open hole status should be changed to "Yes", and the interval 6514-6580 should be included in the comments section.	10/15/2015 2:25:41 PM

Total: 4 comment(s)