

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: 401073441

Date Received: 07/06/2016

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 05-103-08495-00
6. County: RIO BLANCO
7. Well Name: UNION PACIFIC
Well Number: 108X-21
8. Location: QtrQtr: NESW Section: 21 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB

Treatment Date: 07/01/2016 End Date: 07/01/2016 Date of First Production this formation: 02/01/1988

Perforations Top: 6098 Bottom: 6471 No. Holes: 141 Hole size: 1/2

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

Pumped 47.6 bbls 15% HCl, 2.6 bbls Mutal solvent, and 95 bbls fresh water

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

Total fluid used in treatment (bbl): 145 Max pressure during treatment (psi): 2487

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): 48 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 95 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: 6324 Tbg setting date: 03/10/2011 Packer Depth: 5931

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: 7/6/2016 Email: DLPE@CHEVRON.COM  
:

### **Attachment Check List**

**Att Doc Num**      **Name**

401073441	FORM 5A SUBMITTED
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Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Corrected the perforated interval and first day of injection. Acid job.	7/13/2016 6:01:00 AM
Permit	Waiting on a response from the Operator regarding the perforated interval and the first day of injection.	7/12/2016 2:20:25 PM

Total: 2 comment(s)