

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: 401095651

Date Received: 08/18/2016

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:
Treatment Date: End Date: Date of First Production this formation: 06/27/1985
Perforations Top: 6436 Bottom: 6570 No. Holes: 398 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: []

CORRECTED PERFORATION DATA SUBMITTED ON DOC#401058578 TO REFLECT PERFORATION INTERVAL IN THE 4 1/2 LINER RUN IN 11/2006.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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:

PERFORATION CORRECTION

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: 8/18/2016 Email: DLPE@CHEVRON.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401095651	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting. This Form 5A was submitted to correct the previously submitted Form 5A#401058578. The first day of production was corrected to match the sundry notice#602498. Liner was run 12-13-2006 per sundry notice#1958031	8/30/2016 6:36:34 AM

Total: 1 comment(s)