

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: 401105352 Date Received: 09/07/2016

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 05-103-05873-00 6. County: RIO BLANCO 7. Well Name: WILSON CREEK SUNDANCE UNIT Well Number: 34 8. Location: QtrQtr: SENE Section: 34 Township: 3N Range: 94W Meridian: 6 9. Field Name: WILSON CREEK Field Code: 93352

Completed Interval

FORMATION: SUNDANCE-MORRISON Status: INJECTING Treatment Type: ACID JOB

Treatment Date: 09/06/2016 End Date: 09/06/2016 Date of First Production this formation: 11/19/1993 Perforations Top: 6629 Bottom: 6710 No. Holes: 204 Hole size: 1/2

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

PUMPED 1500 GALLONS 15% HCL AND 500 GALLONS SOLVENT AT 130 PSI, FLUSH WITH 140 BBLS WATER

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 188 Max pressure during treatment (psi): 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): 36 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 140 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: 3 + 1/2 Tubing Setting Depth: 6479 Tbg setting date: 12/14/1998 Packer Depth:

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: 9/7/2016 Email DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num **Name**

401105352	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Passes permitting. Acid job.	9/15/2016 7:03:58 AM
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Total: 1 comment(s)