

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

401620328

Date Received:

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 05-103-05768-00

7. Well Name: HAGOOD

6. County: RIO BLANCO

Well Number: A-3

8. Location: QtrQtr: NENE Section: 23 Township: 2N Range: 103W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER

Status: TEMPORARILY ABANDONED

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 12/13/1945

Perforations Top: 6091 Bottom: 6605 No. Holes: Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

TUBING PLUG WAS SET AT 6037' ON 3/28/2016.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

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):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

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: 6054 Tbg setting date: 03/29/2016 Packer Depth: 6049

Reason for Non-Production: IT IS UNECONOMICAL TO RETURN THIS WELL TO SERVICE AT THIS TIME.

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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: DIANE PETERSON

Title: PERMIT SPECIALIST

Date: _____

Email: DLPE@CHEVRON.COM

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Attachment Check List

Att Doc Num

Name

401620341

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)