

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	 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; margin-top: 5px;">402203763</div> Date Received:				
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: <u>16700</u> 2. Name of Operator: <u>CHEVRON USA INC</u> 3. Address: <u>100 CHEVRON USA INC</u> City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	4. Contact Name: <u>ANITA SANFORD</u> Phone: <u>(970) 675-3842</u> Fax: _____ Email: <u>ATLX@CHEVRON.COM</u>
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5. API Number <u>05-103-08594-00</u> 7. Well Name: <u>COLTHARP, W H "B"</u> 8. Location: QtrQtr: <u>NWNW</u> Section: <u>1</u> Township: <u>1N</u> Range: <u>102W</u> Meridian: <u>6</u> 9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	6. County: <u>RIO BLANCO</u> Well Number: <u>2X</u>
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Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>10/08/2019</u>	End Date: <u>10/08/2019</u>	Date of First Production this formation: <u>02/07/1981</u>
Perforations Top: <u>6109</u>	Bottom: <u>6642</u>	No. Holes: <u>111</u> Hole size: <u>1/2</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
<u>PUMPED 1008 GALLONS (24 BBLs) OF 15% HCL</u>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>24</u>	Max pressure during treatment (psi): <u>495</u>	
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): <u>24</u>	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: <input type="checkbox"/>	
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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5597</u>	Tbg setting date: <u>11/08/2012</u>	Packer Depth: <u>5589</u>	

Reason for Non-Production: WELL IS DOWN FOR HIGH WATER CUT. PER DOC# 402044759 PLAN TO PULL EQUIPMENT, EVALUATE, REPAIR CASING AS NEEDED AND RETURN TO A TA STATUS.

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** 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: ANITA SANFORD

Title: REGULATORY ASSISTANT Date: _____ Email: AT LX@CHEVRON.COM
:

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)