

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:

402203763

Date Received:

10/09/2019

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 USA INC
City: RANGELY State: CO Zip: 81648
4. Contact Name: ANITA SANFORD
Phone: (970) 675-3842
Fax:
Email: ATLX@CHEVRON.COM

5. API Number 05-103-08594-00
6. County: RIO BLANCO
7. Well Name: COLTHARP, W H "B"
Well Number: 2X
8. Location: QtrQtr: NWNW Section: 1 Township: 1N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN Treatment Type: ACID JOB
Treatment Date: 10/08/2019 End Date: 10/08/2019 Date of First Production this formation: 02/07/1981
Perforations Top: 6109 Bottom: 6642 No. Holes: 111 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

PUMPED 1008 GALLONS (24 BBLs) OF 15% HCL

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

Total fluid used in treatment (bbl): 24

Max pressure during treatment (psi): 495

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): 24

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: 5597 Tbg setting date: 11/08/2012 Packer Depth: 5589

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: ☐ 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: ANITA SANFORD

Title: REGULATORY ASSISTANT Date: 10/9/2019 Email ATLX@CHEVRON.COM
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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402203763	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested TA information	10/29/2019

Total: 1 comment(s)