

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 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 05-103-08492-00
6. County: RIO BLANCO
7. Well Name: EMERALD
Well Number: 82X
8. Location: QtrQtr: NENW Section: 26 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB

Treatment Date: 11/26/2019 End Date: 11/26/2019 Date of First Production this formation: 08/01/1980
Perforations Top: 6254 Bottom: 6704 No. Holes: 396 Hole size: 1/2

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

PUMPED 2000 GALLONS (47.6 BBLS) 15% HCL 6% CITRIC MUTSOL, 38 BBLS FRESH WATER

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 85
Max pressure during treatment (psi): 2300
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): 47
Number of staged intervals:
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 38
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: 6239 Tbg setting date: 07/18/2013 Packer Depth: 6128

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: ANITA SANFORD

Title: REGULATORY TECH.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

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

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