

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



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

7. Well Name: EMERALD

6. County: RIO BLANCO

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 ☒ 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:

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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 TECH.ASSISTANT

Date: _____

Email ATLX@CHEVRON.COM

:

Attachment Check List

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)