

Document Number:  
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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: <u>16700</u> 2. Name of Operator: <u>CHEVRON USA INC</u> 3. Address: <u>100 CHEVRON ROAD</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>05-103-08694-00</u> 7. Well Name: <u>COLTHARP, J E</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>10X</u>
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### Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 01/29/2020 End Date: 01/29/2020 Date of First Production this formation: 01/21/1982

Perforations Top: 5840 Bottom: 6347 No. Holes: 78 Hole size: 1/2

Provide a brief summary of the formation treatment: PUMPED 2000 GALLONS (47.6 BBLS) 15% HCL. Open Hole:

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>47</u>	Max pressure during treatment (psi): <u>1200</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>47</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>5756</u>	Tbg setting date: <u>06/12/2007</u>	Packer Depth: <u>5730</u>	

Reason for Non-Production: PRODUCTION 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.ASSISANT Date: \_\_\_\_\_ Email: ATLX@CHEVRON.COM  
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### 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)