

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) 892-2109



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Document Number: 402366417

Date Received: 04/09/2020

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

5. API Number 05-103-05592-00
 6. County: RIO BLANCO
 7. Well Name: STOFFER, C R
 Well Number: A-2
 8. Location: QtrQtr: SWSE 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: 04/01/2020 End Date: 04/01/2020 Date of First Production this formation: 06/01/1960
 Perforations Top: 6423 Bottom: 6929 No. Holes: 56 Hole size: 1/2

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

PUMPED 2000 GALLONS (47.6 BBLS) 15% HCL WITH SOLVENT AND 39 BBLS FRESH WATER.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 86 Max pressure during treatment (psi): 2460
 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): 39 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: 6502 Tbg setting date: 03/11/2014 Packer Depth: 6160

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:

WELL CONVERTED TO INJECTION 6/1/1960; P&A 07/16/1976; RE-ENTRY IN 12/20/1984.

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: 4/9/2020 Email AT LX@CHEVRON.COM

Attachment Check List

Att Doc Num **Name**

402366417	FORM 5A SUBMITTED
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Total Attach: 1 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)