

Document Number:
402364907

Date Received:
04/08/2020

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 4. Contact Name: ANITA SANFORD
 2. Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
 3. Address: 100 CHEVRON ROAD Fax: _____
 City: RANGELY State: CO Zip: 81648 Email: ATLX@CHEVRON.COM

5. API Number 05-103-10754-00 6. County: RIO BLANCO
 7. Well Name: BEEZLEY Well Number: 1-22 AX
 8. Location: QtrQtr: SENE Section: 22 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: 04/03/2020 End Date: 04/03/2020 Date of First Production this formation: 03/13/2007
 Perforations Top: 6301 Bottom: 6738 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: Open Hole:
PUMPED 4000 GALLONS 95 BBLS 15% HCL W/SOLVENT AND 38 BBLS FRESH WATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 133 Max pressure during treatment (psi): 2350
 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): 95 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: 6233 Tbg setting date: 09/14/2007 Packer Depth: 6136

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.ASSISANT Date: 4/8/2020 Email AT LX@CHEVRON.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402364907	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)