

COMPLETED INTERVAL REPORT

Document Number:
402349788

Date Received:
03/23/2020

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

5. API Number <u>05-103-06153-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEE</u>	Well Number: <u>55</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>03/20/2020</u>	End Date: <u>03/20/2020</u>	Date of First Production this formation: <u>03/01/1976</u>
Perforations Top: <u>5981</u>	Bottom: <u>6506</u>	No. Holes: <u>220</u> Hole size: <u>1/2</u>

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

PUMPED 4000 GALLONS (95.2 BBLS) 15% HCL W/6% CITRIC ACID W/MUTUAL SOLVENT AND 36 BBLS FRESH WATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>131</u>	Max pressure during treatment (psi): <u>2200</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>95</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>36</u>	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>5769</u>	Tbg setting date: <u>09/09/2010</u>	Packer Depth: <u>5649</u>	

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.ASSISANT Date: 3/23/2020 Email AT LX@CHEVRON.COM

Attachment Check List

Att Doc Num **Name**

402349788	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)