

FORM  
5A

Rev  
09/20

# 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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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>	4. Contact Name: <u>Anita Sanford</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 5518313</u>
3. Address: <u>760 HORIZON DRIVE STE 401</u>	Fax: _____
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>	Email: <u>anita.sanford@scoutep.com</u>

5. API Number <u>05-103-06144-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEE</u>	Well Number: <u>29</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>19</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: WEBER Status: INJECTING Treatment Type: ACID JOB  
Treatment Date: 01/25/2023 End Date: 01/25/2023 Date this Formation was Completed: 07/01/1977  
Perforations Top: 6106 Bottom: 6540 No. Holes: 64 Hole size: 1/2 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

PUMPED 2016 GALLONS (47.9 BBL.) 15% HCL WITH MUTUAL SOLVENT, 312 BBL. FRESH WATER

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 359 Max pressure during treatment (psi): 2500  
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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 312 Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ 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: 5653 Tbg setting date: 09/15/2008 Packer Depth: 5598  
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 Analyst Date: \_\_\_\_\_ Email: anita.sanford@scoutep.com

### Attachment List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)