

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2565344

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: Diane L Peterson
 2. Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
 3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-06236-00 6. County: RIO BLANCO
 7. Well Name: FEE Well Number: 18
 8. Location: QtrQtr: SESE Section: 29 Township: 2N Range: 102W Meridian: 6
 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN
 Treatment Date: _____ Date of First Production this formation: _____
 Perforations Top: 5568 Bottom: 6386 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Actually: perms from 5568 to 5600 - no. holes unknown - well completed in 1946
 Open hole 5626 to 6386
 DRILL OUT CEMENT PLUGS
 NO STIMULATION WORK
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: RE-INJECTED Gas Type: CO2 BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5782 Tbg setting date: 10/19/2010 Packer Depth: 5506
 Reason for Non-Production:
INJECTION WELL WAITING ON INJECTION APPROVAL
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: DIANE L PETERSON

Title: Regulatory Specialist

Date: 10/21/2010

Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2565344	FORM 5A SUBMITTED
2565345	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)