

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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Document Number:

2565344

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: 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: <u>WEBER</u>	Status: <u>SHUT IN</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>5568</u> Bottom: <u>6386</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>	
<div>Actually: perfs from 5568 to 5600 - no. holes unknown - well completed in 1946 Open hole 5626 to 6386 DRILL OUT CEMENT PLUGS NO STIMULATION WORK</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>RE-INJECTED</u>	Gas Type: <u>CO2</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5782</u>	Tbg setting date: <u>10/19/2010</u> Packer Depth: <u>5506</u>
Reason for Non-Production: _____	
<div>INJECTION WELL WAITING ON INJECTION APPROVAL</div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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)