

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:

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**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 PETERSON  
2. Name of Operator: CHEVRON PRODUCTION COMPANY Phone: (970) 6753842  
3. Address: 100 CHEVRON RD Fax: (970) 6753800  
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-09173-00 6. County: RIO BLANCO  
7. Well Name: UNION PACIFIC Well Number: 138Y-28  
8. Location: QtrQtr: NWSW Section: 28 Township: 2N Range: 102W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>5617</u> Bottom: <u>6243</u> No. Holes: <u>105</u> Hole size: <u>1/2</u>	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
WELL WORK IS PLANNED TO CHECK THIS WELLBORE - AND RETURN TO PRODUCTION, NEED TO REPAIR AND STABILIE INJECTION WELLS TO SUPPORT THIS WELL.	
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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)