

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:

400131917

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 USA INC Phone: (970) 6753842
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 67538000
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-11743-00 6. County: RIO BLANCO
7. Well Name: BEEZLEY Well Number: 6X22
8. Location: QtrQtr: SWNE Section: 22 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING
Treatment Date: 11/08/2010 Date of First Production this formation: _____
Perforations Top: 6625 Bottom: 6837 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☒
Frac stimulate Weber in 6 stages w/ 30# Delta 140 rampling 16/30 white sand w/ resin additive.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 02/08/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 10 Bbls H2O: 2759
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 10 Bbls H2O: 2759 GOR: _____
Test Method: Test Vessel Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: _____ Tbg setting date: 11/23/2010 Packer Depth: _____
Reason for Non-Production: _____
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: _____ 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
400131920	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)