

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:

400132386

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
2. Name of Operator: CHEVRON PRODUCTION COMPANY
3. Address: 100 CHEVRON RD
City: RANGELY State: CO Zip: 81648
4. Contact Name: DIANE PETERSON
Phone: (970) 675-3842
Fax: (970) 675-3800

5. API Number 05-103-11742-00
6. County: RIO BLANCO
7. Well Name: BEEZLEY Well Number: 5X22
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: 6610 Bottom: 6923 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
FRACTURE STIMULATED IN 6 STAGES W 30# DELTA 140 RAMPING 16/30 WHITE SAND WITH EXPEDITE RESIN. SEE ATTACHED JOB SUMMARY
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 02/09/2011 Hours: 24 Bbls oil: 452 Mcf Gas: 1551 Bbls H2O: 2233
Calculated 24 hour rate: Bbls oil: 452 Mcf Gas: 1551 Bbls H2O: 2233 GOR:
Test Method: TEST VESSEL 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: 65008 Tbg setting date: 11/16/2010 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

<u>Att Doc Num</u>	<u>Name</u>
400132388	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)