

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400135556

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) 675-3842
 3. Address: 100 CHEVRON RD Fax: (970) 675-3800
 City: RANGELY State: CO Zip: 81648

5. API Number 05-103-11721-00 6. County: RIO BLANCO
 7. Well Name: UNION PACIFIC Well Number: 156Y29
 8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 102W Meridian: 6
 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING
 Treatment Date: 11/06/2010 Date of First Production this formation: _____
 Perforations Top: 5903 Bottom: 6600 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 FRACTURE STIMULATE WITH 53,799 GAL 30# DELTA 140, TOTAL 180,560# 16/30/ WHITE SAND . MAX RATE 74.5 BPM @MAX PRESSURE 2883 PSI. FRAC GRADIENT .727
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/17/2010 Hours: 24 Bbls oil: 72 Mcf Gas: 29 Bbls H2O: 652
 Calculated 24 hour rate: _____ Bbls oil: 72 Mcf Gas: 29 Bbls H2O: 652 GOR: _____
 Test Method: TEST VESSEL Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: RE-INJECTED Gas Type: CO2 BTU Gas: 0 API Gravity Oil: 34
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5866 Tbg setting date: 12/01/2010 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>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)