

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2511461</div>				
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: <u>16700</u>	4. Contact Name: <u>DIANE L PETERSON</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 675-3842</u>
3. Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	

5. API Number <u>05-103-06330-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>HAGOOD M C</u>	Well Number: <u>A-3</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>15</u> Township: <u>2N</u> Range: <u>103W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>
Treatment Date: <u>07/29/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6535</u> Bottom: <u>6673</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>ACID STIMULATION 7/29/2010 PUMPED 4000GALLONS OF 20% HCI THROUGH TUBING AT 6444.2 AT 2.5 BPM@660PSI.'</u>	
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: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6444</u> Tbg setting date: <u>04/25/2002</u> Packer Depth: <u>6331</u>	
Reason for Non-Production:	
<u>INJECTION WELL</u>	
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: TECHNICAL ASSISTANT Date: 8/2/2010 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
2511461	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)