


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2511461</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>16700</u> 2. Name of Operator: <u>CHEVRON USA INC</u> 3. Address: <u>6001 BOLLINGER CANYON RD</u> City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>		4. Contact Name: <u>DIANE L PETERSON</u> Phone: <u>(970) 675-3842</u> Fax: <u>(970) 675-3800</u>					
5. API Number <u>05-103-06330-00</u> 7. Well Name: <u>HAGOOD M C</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>		6. County: <u>RIO BLANCO</u> Well Number: <u>A-3</u>					
<u>Completed Interval</u>							
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"/>					
ACID STIMULATION 7/29/2010 PUMPED 4000GALLONS OF 20% HCI THROUGH TUBING AT 6444.2 AT 2.5 BPM@660PSI.'							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
Test Method: _____		Casing PSI: _____	Tubing PSI: _____				
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____				
Tubing Size: <u>2 + 7/8</u>		Tubing Setting Depth: <u>6444</u>	Tbg setting date: <u>04/25/2002</u>				
Reason for Non-Production:		Packer Depth: <u>6331</u>					
INJECTION 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: <u>DIANE L PETERSON</u>					
Title: <u>TECHNICAL ASSISTANT</u>	Date: <u>8/2/2010</u>	Email <u>DLPE@CHEVRON.COM</u>					

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)