

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:
2512054

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 L. PETERSON
 2. Name of Operator: CHEVRON USA INC Phone: (970) 675-3842
 3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-103-10726-00 6. County: RIO BLANCO
 7. Well Name: A.C.MCLAUGHLIN Well Number: 91X
 8. Location: QtrQtr: SWSW Section: 11 Township: 2N Range: 103W Meridian: 6
 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING

Treatment Date: 08/17/2010 Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

acid stimulation 8/17/10 pumped 4000 gal 20% HCL through end of coil tubing 6506' at starting pressure of 1000psi.

This formation is commingled with another formation: Yes 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: 2 + 7/8 Tubing Setting Depth: 6506 Tbg setting date: 09/24/2006 Packer Depth: 6418

Reason for Non-Production: _____

injection well

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: 8/18/2010 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
2512054	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)