

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; font-weight: bold;">400131917</div>				

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 PETERSON</u> Phone: <u>(970) 6753842</u> Fax: <u>(970) 67538000</u>
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5. API Number <u>05-103-11743-00</u> 7. Well Name: <u>BEEZLEY</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>22</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>6X22</u>
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Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/08/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6625</u> Bottom: <u>6837</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input checked="" type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;"> Frac stimulate Weber in 6 stages w/ 30# Delta 140 rampling 16/30 white sand w/ resin additive. </div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/08/2011</u> Hours: <u>24</u>	Bbls oil: <u>15</u> Mcf Gas: <u>10</u> Bbls H2O: <u>2759</u>
Calculated 24 hour rate: _____	Bbls oil: <u>15</u> Mcf Gas: <u>10</u> Bbls H2O: <u>2759</u> GOR: _____
Test Method: <u>Test Vessel</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>34</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
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: REGULATORY SPECIALIST Date: 2/9/2011 Email: dlpe@chevron.com

Attachment Check List

Att Doc Num	Name
400131917	FORM 5A SUBMITTED
400131920	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)