


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;">400132386</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 PRODUCTION COMPANY</u> 3. Address: <u>100 CHEVRON RD</u> City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		4. Contact Name: <u>DIANE PETERSON</u> Phone: <u>(970) 675-3842</u> Fax: <u>(970) 675-3800</u>					
5. API Number <u>05-103-11742-00</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>5X22</u>					
<u>Completed Interval</u>							
FORMATION: <u>WEBER</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/08/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>6610</u> Bottom: <u>6923</u>		No. Holes: _____ Hole size: _____					
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>					
FRACTURE STIMULATED IN 6 STAGES W 30# DELTA 140 RAMPING 16/30 WHITE SAND WITH EXPEDITE RESIN. SEE ATTACHED JOB SUMMARY							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>02/09/2011</u> Hours: <u>24</u>		Bbls oil: <u>452</u> Mcf Gas: <u>1551</u> Bbls H2O: <u>2233</u>					
Calculated 24 hour rate:		Bbls oil: <u>452</u> Mcf Gas: <u>1551</u> Bbls H2O: <u>2233</u> GOR: _____					
Test Method: <u>TEST VESSEL</u>		Casing PSI: _____ Tubing PSI: _____ Choke Size: _____					
Gas Disposition: <u>RE-INJECTED</u>		Gas Type: <u>CO2</u> BTU Gas: <u>0</u> API Gravity Oil: <u>34</u>					
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>65008</u>		Tbg setting date: <u>11/16/2010</u> Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 2/10/2011 Email DLPE@CHEVRON.COM
:

Attachment Check List

Att Doc Num	Name
400132386	FORM 5A SUBMITTED
400132388	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)