

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;">1635493</div>				

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>05-103-06123-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>GRAY</u>	Well Number: <u>B-10</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

<u>Completed Interval</u>	
FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>
Treatment Date: <u>04/18/2011</u>	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>ACID STIMULATION BY PUMPING 4000 GALLONS 20% HCI THROUGH TUBING @ A DEPTH OF 6404'.</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: _____ 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: <u>DIANE L. PETERSON</u>
Title: <u>REGULATORY</u>	Date: <u>4/19/2011</u> Email <u>DLPE@CHEVRON.COM</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1635493	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	FOOTAGE NEXT TO OPEN HOLE 6447-7060' CANNOT BE ENTERED - FOOTAGE ENTRY NOT OFFERED.	5/19/2011 3:07:48 PM

Total: 1 comment(s)