

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:

400207421

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  
2. Name of Operator: CHEVRON PRODUCTION COMPANY  
3. Address: 100 CHEVRON RD  
City: RANGELY State: CO Zip: 81648  
4. Contact Name: DIANE PETERSON  
Phone: (970) 675-3842  
Fax: (970) 675-3800

5. API Number 05-103-07466-00  
6. County: RIO BLANCO  
7. Well Name: CARNEY C T  
Well Number: 27X- 34  
8. Location: QtrQtr: NESW Section: 34 Township: 2N Range: 102W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

**Completed Interval**

FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>
Treatment Date: <u>09/21/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>5695</u> Bottom: <u>6400</u>	No. Holes: <u>244</u> Hole size: <u>1/2</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PUMP 4000 GALLONS 20% HCL THROUGH END OF COILED TUBING AT 5600' AT .25 BPM @ 1700 PSI</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <u>2 + 7/8</u> Tubing Setting Depth: <u>6250</u>	Tbg setting date: <u>10/08/1998</u> Packer Depth: <u>5450</u>
Reason for Non-Production: _____	
<u>INJECTION WELL</u>	
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: 9/22/2011 Email: DLPE@CHEVRON.COM

### Attachment Check List

Att Doc Num	Name
400207421	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)