

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:

400199632

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

5. API Number 05-103-11870-00 6. County: RIO BLANCO
7. Well Name: MC HAGOOD Well Number: B2
8. Location: QtrQtr: NE NW Section: 22 Township: 2N Range: 103W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING

Treatment Date: 07/29/2011 Date of First Production this formation: _____

Perforations Top: 6678 Bottom: 6899 No. Holes: _____ Hole size: _____

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

PUMP SIS WITH 3 GALLONS WCW3037 WITH 34 BBLS WATER AT 9.2 BPM @ 800 PSI
FRACTURE STIMULATED WITH 650 SKS SAND 65 BPM @ 2800 PSI SCREENED OUT WITH 1000' OF SAND IN CASING.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/23/2011 Hours: 24 Bbls oil: 1393 Mcf Gas: 3456 Bbls H2O: 1057

Calculated 24 hour rate: _____ Bbls oil: 1393 Mcf Gas: 3456 Bbls H2O: 1057 GOR: 0

Test Method: TEST VESSEL Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: RE-INJECTED Gas Type: CO2 BTU Gas: 1 API Gravity Oil: 34

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6554 Tbg setting date: 08/09/2011 Packer Depth: _____

Reason for Non-Production: _____

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: 8/25/2011 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
400199632	FORM 5A SUBMITTED
400199642	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Waiting on logs for form 5	8/25/2011 3:16:59 PM

Total: 1 comment(s)