

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:

2286596

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 USA INC
3. Address: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583
4. Contact Name: LORA BROWN
Phone: (307) 352-5120
Fax: (307) 352-5180

5. API Number 05-081-06864-00
6. County: MOFFAT
7. Well Name: F S DUNCAN B
Well Number: 5
8. Location: QtrQtr: NWNE Section: 20 Township: 12N Range: 100W Meridian: 6
9. Field Name: HIAWATHA WEST Field Code: 34351

Completed Interval

FORMATION: <u>WASATCH G</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/28/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>3280</u> Bottom: <u>3284</u>	No. Holes: <u>96</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PUMP A TOTAL OF 30 BBLS 15% HCL ACID AND 34 BBLS PRODUCED WATER.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: <u>4770</u>
Reason for Non-Production:	
<u>WELL WOULD NOT FLOW AFTER ACID WORK - WAITING FOR SWAB RIG.</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: LORA BROWN

Title: REGULATORY Date: 12/14/2011 Email: LORABROWN@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
2286596	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)