

**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



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:

2286597

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: <u>16700</u>	4. Contact Name: <u>LORA BROWN</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(307) 352-5120</u>
3. Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(307) 352-5180</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	

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

Completed Interval

FORMATION: FORT UNION Status: PRODUCING

Treatment Date: 09/27/2011 Date of First Production this formation: _____

Perforations Top: 4360 Bottom: 4554 No. Holes: 204 Hole size: _____

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

23.5 BBLS 15% HCL FOLLOWED BY 5 BBLS PRODUCED WATER. DISPLACE TUBING WITH 18 BBLS PRODUCED WATER. PUMP ANOTHER 28 BBLS 15% HCL.

This formation is commingled with another formation: Yes 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: _____

WELL WOULD NOT FLOW AFTER ACID WORK - WAITING FOR SWAB RIG.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: LEWIS Status: PRODUCING

Treatment Date: 09/26/2011 Date of First Production this formation: _____

Perforations Top: 5066 Bottom: 5076 No. Holes: 60 Hole size: _____

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

ACIDIZE LEWIS PERFS WITH 12 BBLS OF 15% HCL FOLLOWED BY 18 BBLS PRODUCED WATER TO DISPLACE TUBING. PRESSURE WENT TO 100 PSI THEN BROKE. USED PACKER AND PLUG TO ISOLATE ZONES TO ACIDIZE.

This formation is commingled with another formation: Yes 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: 4770

Reason for Non-Production: _____

WELL WOULD NOT FLOW - WAITING FOR SWAB RIG.

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: LORA BROWN

Attachment Check List

Att Doc Num	Name
2286597	FORM 5A SUBMITTED
2286598	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)