

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
----	----	----	----

Document Number:

2286597

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: LORA BROWN

2. Name of Operator: CHEVRON USA INC

Phone: (307) 352-5120

3. Address: 6001 BOLLINGER CANYON RD

Fax: (307) 352-5180

City: SAN RAMON State: CA Zip: 94583

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: 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

Title: REGULATORY

Date: 12/14/2011

Email: LORABROWN@CHEVRON.COM

**Attachment Check List**

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

Total Attach: 2 Files

**General Comments****User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)