

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:

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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) 675-3800  
Fax: (970) 675-3800

5. API Number 05-103-01058-00  
6. County: RIO BLANCO  
7. Well Name: A. C. MCLAUGHLIN  
Well Number: 14  
8. Location: QtrQtr: NWNE Section: 14 Township: 2N Range: 103W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER	Status: TEMPORARILY ABANDONED
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: 6492 Bottom: 6606	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>	
RE-ENTRY OF P&A WELLBORE IN 8/1998, OPEN HOLE COMPLETION 6492-6606'	
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: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
WAITING FOR FLOWLINE LEAK TO BE REPAIRED	
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: \_\_\_\_\_ Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)