

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:

400252194

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) 675-3842
 3. Address: 100 CHEVRON RD Fax: (970) 675-3800
 City: RANGELY State: CO Zip: 81648

5. API Number 05-103-06210-00 6. County: RIO BLANCO
 7. Well Name: U P Well Number: 69-27
 8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 102W 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: 5750 Bottom: 6423 No. Holes: 63 Hole size: 1/2

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

Completed 3/1949 with open hole 5823-6339' shot with 1280 qts nitro, then a 5" slotted liner was run from 5750-6423' , perms added in 9/93 to interval 5750-6423'.

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: _____

WAITING ON FLOWLINE REPAIRS

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: 2/15/2012 Email: DLPE@CHEVRON.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400252194	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)