

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:

400270127

Date Received:

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) 675-3842
Fax: (970) 675-3800

5. API Number 05-103-07089-00
6. County: RIO BLANCO
7. Well Name: LEVISON
Well Number: 22X
8. Location: QtrQtr: NWNW Section: 26 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER	Status: INJECTING
Treatment Date: 04/05/2012	Date of First Production this formation:
Perforations Top: 6188 Bottom: 6560	No. Holes: 285 Hole size: 1/2
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRACTURE STIMULATE WITH AVERAGE RATE 47.8 BPM, PRESSURE 2719 PSI, TOTAL FLUID 39,414 GALLONS, 100,180# 16/30 CRC.	
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: 2 + 7/8 Tubing Setting Depth: Tbg setting date: 04/06/2006 Packer Depth: 5998	
Reason for Non-Production:	
INJECTION WELL	
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

Attachment Check List

Att Doc Num	Name
400270134	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)