

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 05-103-06278-01  
6. County: RIO BLANCO  
7. Well Name: MCLAUGHLIN, S W  
Well Number: 6  
8. Location: QtrQtr: SESW Section: 33 Township: 2N Range: 102W Meridian: 6  
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB

Treatment Date: 07/05/2012 End Date: 07/05/2012 Date of First Production this formation:

Perforations Top: 6046 Bottom: 6467 No. Holes: 92 Hole size:

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

PUMP 4000 GALLONS 15% HCL AT 1.08 BPM @ 1500 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): 95 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 15 Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: 5103 Tbg setting date: 05/24/2006 Packer Depth: 5038

Reason for Non-Production: INJECTION WELL

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

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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  
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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)