

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

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2517495
Date Received:
06/29/2012

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 USA INC
3. Address: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583
4. Contact Name: DIANE L. PETERSON
Phone: (970) 675-3842
Fax: (970) 675-3800

5. API Number: 05-103-11011-00
6. County: RIO BLANCO
7. Well Name: FEE
Well Number: 159X
8. Location: QtrQtr: NWSW Section: 17 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type:

Treatment Date: 10/14/2008 End Date: Date of First Production this formation:

Perforations Top: Bottom: No. Holes: Hole size:

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

PUMP 120 BBL SCALE INHIBITOR SQUEEZE AT 5 BPM @ 650 PSI. OPEN HOLE FRACTURE STIMULATE WITH 400 BBLS YF 130ST, 100,000# 16/30 RESIN COATED SAND AT AVERAGE 59 BPM @ 2057 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): Number of staged intervals:

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

Fresh water used in treatment (bbl): 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: 12/10/2008 Hours: 24 Bbl oil: 280 Mcf Gas: 141 Bbl H2O: 1693

Calculated 24 hour rate: Bbl oil: 280 Mcf Gas: 141 Bbl H2O: 1693 GOR: 50

Test Method: VESSEL Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: RE-INJECTED Gas Type: CO2 Btu Gas: 1 API Gravity Oil: 34

Tubing Size: 2 + 7/8 Tubing Setting Depth: Tbg setting date: 11/21/2008 Packer Depth:

Reason for Non-Production:

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:

FORM 5 DOC # 2517491

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: 1/22/2009 Email DLPE@CHEVRON.COM
:

Attachment Check List

Att Doc Num	Name
2517495	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold;form 5 approved.	8/23/2012 2:49:35 PM
Permit	on hold pending form 5 approval	8/9/2012 10:26:58 AM
Data Entry	BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED.	6/29/2012 1:57:47 PM

Total: 3 comment(s)