

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400320812

Date Received:
08/27/2012

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: <u>16700</u>	4. Contact Name: <u>DIANE PETERSON</u>
2. Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>	Phone: <u>(970) 675-3842</u>
3. Address: <u>100 CHEVRON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	

5. API Number <u>05-103-07461-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>S W MCLAUGHLIN</u>	Well Number: <u>7X</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>33</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/24/2012 End Date: 08/24/2012 Date of First Production this formation: _____

Perforations Top: 6098 Bottom: 5500 No. Holes: 816 Hole size: 1/2

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

RUN 5 1/2" LINER AND RE - PERF CASING
FRACTURE STIMULATION

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 969 Max pressure during treatment (psi): 4634

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.44

Total acid used in treatment (bbl): 0 Number of staged intervals: 6

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

Fresh water used in treatment (bbl): 330 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 11750 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Waiting on clean out workover. Productin tubing not run.

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: _____

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: 8/27/2012 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
400320812	FORM 5A SUBMITTED
400320839	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)