

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400382953

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 05-103-11945-00
6. County: RIO BLANCO
7. Well Name: FEE
Well Number: 162Y
8. Location: QtrQtr: NW NE Section: 28 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 01/24/2013 End Date: 01/24/2013 Date of First Production this formation:

Perforations Top: 6242 Bottom: 6410 No. Holes: 240 Hole size:

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

1500 GALLONS 15% HCL AT 0.5 BPM @ 1500 PSI TO BREAKDOWN PERFS

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 63 Max pressure during treatment (psi): 1500

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

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

Total acid used in treatment (bbl): 35 Number of staged intervals:

Recycled water used in treatment (bbl): 240 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 28 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 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: 2 + 7/8 Tubing Setting Depth: 6220 Tbg setting date: 01/31/2013 Packer Depth: 6133

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:

FORM 5 SUBMITTED ONLINE 400382900
FORM 21 COMPLETED 2/8 WITNESSED BY CHUCK BROWNING

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
400382980	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

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

Total: 0 comment(s)