

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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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 PETERSOND

Phone: (970) 675-3842

Fax: (970) 675-3800

Email: DLPE@CHEVRON.COM

5. API Number 05-103-08535-00

7. Well Name: COLTHARP

8. Location: QtrQtr: SWSE Section: 35 Township: 2N Range: 102W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 9X

### Completed Interval

FORMATION: WEBER	Status: SHUT IN	Treatment Type: ACID JOB
Treatment Date: 12/30/2014	End Date: 12/30/2014	Date of First Production this formation:
Perforations Top: 5732	Bottom: 6382	No. Holes: 138
Hole size: 1/2		
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>		
PUMPED 4000 GALLONS 15% HCL @ 3.5 bpm WITH AVERAGE PRESSURE OF 2000 PSI		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 195	Max pressure during treatment (psi): 2070	
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): 95	Number of staged intervals:	
Recycled water used in treatment (bbl): 100	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: <input type="checkbox"/>	
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: 5636	Tbg setting date: 12/30/2014	Packer Depth: 4783	

Reason for Non-Production: TUBING LISTED IS THE WORKSTRING.  
WELL WILL BE RETURNED TO ACTIVE PRODUCTION AS SOON AS THIS WELL WORK  
PROCEDURE IS COMPLETED.  
TESTING WELL FOR CASING LEAK.

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: PERMITTING SPECIALIST Date: Email: DLPE@CHEVRON.COM

### Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

### General Comments

User Group Comment Comment Date

Total: 0 comment(s)