

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: <u>16700</u>	4. Contact Name: <u>DIANE PETERSOND</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>	Email: <u>DLPE@CHEVRON.COM</u>

5. API Number <u>05-103-08535-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>COLTHARP</u>	Well Number: <u>9X</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>35</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: 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:

PUMPED 4000 GALLONS 15% HCL @ 3.5 bpm WITH AVERAGE PRESSURE OF 2000 PSI

This formation is commingled with another formation: Yes 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:

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)