

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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Document Number:

400764628

Date Received:

01/06/2015

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: 1/6/2015 Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
400764628	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Shut-in for one day for acid job.	4/14/2015 7:57:56 AM

Total: 1 comment(s)