

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:
400929120

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>Julie Justus</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 257-6042</u>
3. Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(970) 245-6489</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	Email: <u>jjustus@chevron.com</u>

5. API Number <u>05-103-05852-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>WILSON CREEK UNIT</u>	Well Number: <u>55</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>3</u> Township: <u>2N</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILSON CREEK</u> Field Code: <u>93352</u>	

Completed Interval

FORMATION: MORRISON-SUNDANCE Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: 08/14/2008 End Date: _____ Date of First Production this formation: _____

Perforations Top: 6002 Bottom: 6012 No. Holes: 20 Hole size: 9/16

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

1. POOH with 2-7/8" production tubing, RIH with casing scraper to 5905'
2. Lay down scraper
3. RIH with CICR, set retainer @ 5913'
4. Load well with packer fluid, tested tubing to 1000 psi
5. Performed MIT test to 500 psi for 30 min. Good Test

This formation is commingled with another formation: Yes No

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

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): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Well was TA per above procedure on 08/14/2008

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:

Filing Form 5A to update well status and correct previously submitted (2008) Form 5A information.

Production equipment (ESP) has been removed and well is isolated from atmosphere by shut in tubing valve and master gate on the tree assembly to completely shut off all outflow.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Justus

Title: Regulatory Specialist Date: _____ Email: jjustus@chevron.com

Attachment Check List

Att Doc Num	Name
400929159	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)