

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



Table with columns DE, ET, OE, ES

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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 Email: DLPE@CHEVRON.COM

5. API Number 05-103-08689-00 6. County: RIO BLANCO 7. Well Name: CHEVRON FEE Well Number: 129X 8. Location: QtrQtr: SWSE Section: 17 Township: 2N Range: 102W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 11/28/1981 Perforations Top: 6306 Bottom: 650 No. Holes: 57 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: DOWN HOLE SHORT, REPLACED ELECTRICAL SUBMERSIBLE PUMP AND RETURN TO PRODUCTION

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: 2 + 7/8 Tubing Setting Depth: 6249 Tbg setting date: 12/15/2015 Packer Depth:

Reason for Non-Production: 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:

DHS - RTP WITH NEW PUMP

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: 12/16/2015 Email: DLPE@CHEVRON.COM  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400955281	FORM 5A SUBMITTED

Total Attach: 1 Files

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