

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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 05-103-09295-00 6. County: RIO BLANCO 7. Well Name: EMERALD Well Number: 92X 8. Location: QtrQtr: SWSE Section: 25 Township: 2N Range: 103W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: SHUT IN Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 5781 Bottom: 6566 No. Holes: 282 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: [] ADDED ADDITIONAL PERFORATIONS - 14 NEW SHOT DEPTHS AT 3 SHOTS PER FOOT. PERFORATION DETAIL : 5781,5785,5797,5802,5812,5818,5824,5830,5836,5842,5862,5864,5868,5871'

This formation is commingled with another formation: [] Yes [X] 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: WELLWORK CONTINUES 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:

ORIGINAL PERFORATION INTERVAL AT COMPETION (12/23/87) 5892-6566'
ADDITIONAL PERFORATIONS ADDED 1/6/2016 5781-5871'
NO PRODUCTION TUBING RUN AT THIS TIME, WELLWORK CONTINUES.

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: 1/7/2016

Email DLPE@CHEVRON.COM

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Attachment Check List

Att Doc Num

Name

400965802

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit

Workover continues.

1/20/2016

Form 5 is doc 602965.

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Total: 1 comment(s)