

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:

401266866

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: 16700	4. Contact Name: DIANE PETERSON
2. Name of Operator: CHEVRON USA INC	Phone: (970) 675-3842
3. Address: 100 CHEVRON RD	Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648	Email: DLPE@CHEVRON.COM

5. API Number 05-103-05743-00	6. County: RIO BLANCO
7. Well Name: HAGOOD	Well Number: A-2
8. Location: QtrQtr: SWNE Section: 23 Township: 2N Range: 103W Meridian: 6	
9. Field Name: RANGELY	Field Code: 72370

Completed Interval

FORMATION: WEBER Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 09/19/1945
Perforations Top: 6067 Bottom: 6335 No. Holes: 135 Hole size: 1/2
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

ISOLATION PACKER SET AT 5848' ON 10/8/2010. THERE IS NO TUBING PLUG IN THIS WELL. THE CASING IS PROTECTED BY THE 7" PACKER. SEE WELLBORE SCHEMATIC ATTACHED.

WELL WAS SHUT IN 5/2008, RTP 10/2013, SHUT IN 10/2013

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: 5838 Tbg setting date: 07/08/2008 Packer Depth: 5800

Reason for Non-Production: UNECONOMICAL TO RETURN THIS WELL TO SERVICE AT CURRENT OIL PRICE.

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 PETERSON

Title: PERMIT SPECIALIST Date: _____ Email DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
401266897	OTHER
401278173	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)