



State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



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COGCC

BOTTOM HOLE PRESSURE

1. OGCC Operator Number: <u>16700</u>		4. Contact Name and Telephone <u>Diane Peterson</u>	
2. Name of Operator: <u>Chevron U.S.A., Inc</u>		No: <u>970-675-3842</u>	
3. Address: <u>100 Chevron Road</u>		Fax: <u>970-675-3800</u>	
City: <u>Rangely</u> State: <u>CO</u> Zip: <u>81648</u>			

  

5. API Number: <u>05-103-06302</u>		6. OGCC Lease No.: <u>47443</u>	
7. Well Name: <u>F.V. LARSON B</u>		Well Number: <u>11</u>	
8. Location (Qtr, Sec, Twp, Rng, Meridian): <u>NWSW Section 36, T2N, R102W, 6TH P.M.</u>			
9. County: <u>Rio Blanco</u>		10. Field Name: <u>Rangely Weber Sand Unit</u>	
11. Federal, Indian or State Lease Number: <u>Fed. F.V. Larson D-051900</u>			
12. Well Elevation: <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL <u>5303</u> feet			
13. Bottom Hole Pressure: <u>3236.06</u> psia at a depth of <u>6214</u> feet.			
14. Date Measured: <u>06/26/2017</u>			
15. Number of Hours Well Was Shut-In: <u>25 DAYS</u> hours			
16. Method Used to Obtain Bottom Hole Pressure: <input checked="" type="checkbox"/> Bottom Hole Pressure Recorder <input type="checkbox"/> Surface Pressure and Fluid Level Measurement Used to Calculate BHP: Casing Pressure: _____ Fluid Level: _____ <input type="checkbox"/> Other Method (Specify): _____			
17. Formation: <u>Weber Formation</u>			
18. Completed Interval (Net Footage): <u>5916-6464</u>			
19. Production Rates: Gas: _____ mcf/d Water: _____ bpd Date Reported: _____			
20. Flowing Tubing Pressure: _____ psi			
21. Flowing Casing Pressure: _____ psi			
22. Type of Production: <input type="checkbox"/> Downhole Pump <input type="checkbox"/> Flowing <input type="checkbox"/> Plunger <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other: <u>Injection well</u>			
23. Bottom Hole Temperature (temperature of produced water at well head can be used): <u>20.7</u> ° <input type="checkbox"/> F or <input checked="" type="checkbox"/> C			
24. Method of Temperature Measurement: <input checked="" type="checkbox"/> Bottom Hole Temperature <input type="checkbox"/> Produced Water Measurement			
25. Comments: _____ _____ _____			

  

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

Print Name: Diane L Peterson

Signed: Diane L Peterson Title: Permitting Specialist Date: 6/30/2017

Well Name	FV LARSON B-11	KB Elevation	5314
API Number		GL Elevation	5303
CHEVNO		<input type="checkbox"/> Openhole	5916-6464
IJ Number	6932	<input type="checkbox"/> Cased Hole	Top Perf
PATTERN Number			Bottom Perf
		Datum Depth	6214

20.7 C