

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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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
2. Name of Operator: CHEVRON USA INC
3. Address: 100 CHEVRON RD
City: RANGELY State: CO Zip: 81648
4. Contact Name: ROY CRAMER
Phone: (970) 675-3719
Fax: (970) 675-3800
Email: RWCR@CHEVRON.COM

5. API Number 05-103-01009-00
6. County: RIO BLANCO
7. Well Name: F V LARSON
Well Number: B-12
8. Location: QtrQtr: NWSE Section: 35 Township: 2N Range: 102W 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: 10/01/1954
Perforations Top: 5804 Bottom: 6448 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☒
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: 5307 Tbg setting date: 12/19/2006 Packer Depth:

Reason for Non-Production: WELL SHUT IN FOR HOLE IN TUBING, WELL WILL BE RETURNED TO PRODUCTION AFTER REPAIRS ARE MADE. THIS WELL IS ISLOATED FROM THE ATMOSPHERE BY CLOSED VALVES ON THE WELLHEAD ASSEMBLY. IF YOU HAVE ANY QUESTIONS CONCERNING THIS WELL PLEASE CONTACT CHEVRON PE ROY CRAMER.

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:

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

Signed: _____ Print Name: DIANE _____

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

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)