

FORM
5ARev
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:

401516654

Date Received:

01/17/2018

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 05-103-05651-00
 6. County: RIO BLANCO
 7. Well Name: FEE
 Well Number: 12
 8. Location: QtrQtr: SWNE Section: 28 Township: 2N Range: 102W 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: 02/26/1946
 Perforations Top: 5864 Bottom: 6472 No. Holes: 120 Hole size: 1/2
 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: 5652 Tbg setting date: 11/12/2014 Packer Depth: _____

Reason for Non-Production: WELL SHUT IN 4/3/17 FOR PUMP REPAIR, WELL BEING EVALUATED FOR RETURN TO PRODUCTION. THE WELL IS ISOLATED 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: 1/17/2018 Email DLPE@CHEVRON.COM
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Attachment Check List

Att Doc Num **Name**

401516654	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)