

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 USA INC 3. Address: 100 CHEVRON USA INC City: RANGELY State: CO Zip: 81648 4. Contact Name: ANITA SANFORD Phone: (970) 976-3842 Fax: Email: ATLX@CHEVRON.COM

5. API Number 05-103-06133-00 6. County: RIO BLANCO 7. Well Name: GRAY Well Number: B-4 8. Location: QtrQtr: NWSE Section: 18 Township: 2N Range: 102W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB Treatment Date: 09/21/2019 End Date: 09/21/2019 Date of First Production this formation: 06/15/1972 Perforations Top: 6280 Bottom: 6604 No. Holes: 267 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: [] PUMPED 2000 GALLONS (47.6 BBLS) 15% HCL WITH 2.8 BBLS 6% CITRIC ACID, 40 BBLS WATER

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 90 Max pressure during treatment (psi): 2300 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): 50 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 40 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: 6133 Tbg setting date: 10/14/2000 Packer Depth: 5931

Reason for Non-Production: INJECTION WELL 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: ANITA SANFORD

Title: REGULATORY ASSISTANT Date: 9/23/2019 Email: ATLX@CHEVRON.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402185758	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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