

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:

402233053

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 USA INC
City: RANGELY State: CO Zip: 81648
4. Contact Name: ANITA SANFORD
Phone: (970) 675-3842
Fax:
Email: ATLX@CHEVRON.COM

5. API Number 05-103-06220-00
6. County: RIO BLANCO
7. Well Name: UNION PACIFIC
Well Number: 13-28
8. Location: QtrQtr: NWSW 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: 10/26/1946
Perforations Top: 5652 Bottom: 6272 No. Holes: 78 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

HIGH CASING PRESSURE WAS FOUND ON UNION PACIFIC 13-28 AND THE WELL WAS SHUT IN, WELL WORK WAS COMPLETED, REPLACED LEAKING PACKER. WELL WILL BE RETURNED TO ACTIVE INJECTION UPON APPROVAL OF FORM 21. A WITNESS MIT IS SCHEDULED ON 11/14/19.

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: 6259 Tbg setting date: 05/06/2011 Packer Depth: 5463

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: _____

Email : ATLX@CHEVRON.COM

Attachment Check List

Att Doc Num

Name

402233058

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)