

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



DE ET OE ES

Document Number:

402291497

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 ROAD

City: RANGELY State: CO Zip: 81648

4. Contact Name: ANITA SANFORD

Phone: (970) 675-3842

Fax:

Email: ATLX@CHEVRON.COM

5. API Number 05-103-06323-01

7. Well Name: MCLAUGHLIN, A C

6. County: RIO BLANCO

Well Number: 46

8. Location: QtrQtr: SENW Section: 14 Township: 2N Range: 103W 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:

Perforations Top: 6386 Bottom: 6680 No. Holes: 144 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

Tubing plug set at 5518' on 10/12/2015.

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: 5533 Tbg setting date: 10/13/2015 Packer Depth: 5506

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 TECH.ASSISANT Date: _____ Email: ATLX@CHEVRON.COM
:

Attachment Check List

Att Doc Num **Name**

402291501	WIRELINE JOB SUMMARY
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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)