

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:

402490598

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 05-103-05514-00

6. County: RIO BLANCO

7. Well Name: CARNEY

Well Number: 2-34

8. Location: QtrQtr: SENE

Section: 34

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: 03/22/1946

Perforations

Top: 5686

Bottom: 6360

No. Holes: 87

Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

Plug set on 08/20/2020 at 5482' to TA well. TA sundry document # 402473794. MIT # 402486070

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: 5485

Tbg setting date: 02/23/1999

Packer Depth: 5448

Reason for Non-Production: Plug set on 08/20/2020 at 5482' to TA 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.ASSISTANT

Date: _____

Email: ATLX@CHEVRON.COM

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Attachment Check List

Att Doc Num

Name

402490608

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)