

FORM  
5A

Rev  
09/20

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:

402703219

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 05-103-09488-00

7. Well Name: F V LARSON "B"

8. Location: QtrQtr: NESW Section: 36 Township: 2N Range: 102W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 27X

## Completed Interval

FORMATION: WEBER Status: SHUT IN Treatment Type: ACID JOB  
Treatment Date: 05/24/2021 End Date: 05/24/2021 Date this Formation was Completed: 08/08/1991  
Perforations Top: 5884 Bottom: 6471 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_ Open Hole: ☒

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

PUMPED 2000 GALLONS (47.6 BBLS) 15% HCL W/ 6% CITRIC ACID AND 20 BBLS FRESH WATER AND MUTUAL SOLVENT

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 69 Max pressure during treatment (psi): 1100  
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): 47 Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 20 Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ 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: 5827 Tbg setting date: 07/01/2016 Packer Depth: 5795  
Reason for Non-Production: PUMP REPAIRS  
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:

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

## Attachment List

Att Doc Num Name

\_\_\_\_\_  
Total Attach: 0 Files

## General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)