

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: <u>16700</u>	4. Contact Name: <u>ANITA SANFORD</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 675-3842</u>
3. Address: <u>100 CHEVRON ROAD</u>	Fax: _____
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	Email: <u>ATLX@CHEVRON.COM</u>

5. API Number <u>05-103-09488-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>F V LARSON "B"</u>	Well Number: <u>27X</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>36</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

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

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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)