

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



DE ET OE ES

Document Number:

402490598

Date Received:

09/16/2020

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: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

4. Contact Name: ANITA SANFORD

Phone: (970) 675-3842

Fax:

Email: ATLX@CHEVRON.COM

5. API Number 05-103-05514-00

7. Well Name: CARNEY

6. County: RIO BLANCO

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: TEMPORARILY ABANDONED

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: ☐

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:

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

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: 9/16/2020

Email ATLX@CHEVRON.COM

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### **Attachment List**

**Att Doc Num**

**Name**

402490598

FORM 5A SUBMITTED

402490608

WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Stamp Upon  
Approval

Total: 0 comment(s)