

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400164966

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 4. Contact Name: DIANE PETERSON
2. Name of Operator: CHEVRON PRODUCTION COMPANY Phone: (970) 675-3842
3. Address: 100 CHEVRON RD Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648

5. API Number 05-103-06228-00 6. County: RIO BLANCO
7. Well Name: UNION PACIFIC Well Number: 20-29
8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 102W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: <u>WEBER</u>	Status: <u>INJECTING</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>5757</u> Bottom: <u>6435</u> No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input checked="" type="checkbox"/>	
<div>CONVERTED PRODUCING WELL TO A INJECTION WELL. CLEAN OUT WELLBORE, JOB STARTED 12/10/2010 JOB COMPLETED 1/20/2011 RUN 175 JOINTS FIBERLINED TUBING, RUN MIT CHART - FORM 21 SUBMITTED 1/24/2011 (WITNESSED BY CHUCK BROWING). WELL CURRENTLY SHUT IN WAITING ON INJECTION APPROVAL.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5683</u> Tbg setting date: <u>01/19/2011</u> Packer Depth: <u>5568</u>	
Reason for Non-Production: _____	
<div>SHUT IN WAITING ON INJECTION PERMIT APPROVAL.</div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DIANE L PETERSON

Title: REGULATORY SPECIALIST Date: _____ Email: DLPE@CHEVRON.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400164978	WELLBORE DIAGRAM
400164980	OPERATIONS SUMMARY
400164982	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)