

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



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Document Number:

401521912

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 RD

City: RANGELY State: CO Zip: 81648

4. Contact Name: ROY CRAMER

Phone: (970) 675-3719

Fax: (970) 675-3800

Email: RWCR@CHEVRON.COM

5. API Number 05-103-07123-00

7. Well Name: LEVISON

8. Location: QtrQtr: SWSE Section: 26 Township: 2N Range: 102W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 23X

Completed Interval

FORMATION: WEBER Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5882 Bottom: 6360 No. Holes: 90 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: 5310 Tbg setting date: 04/10/1995 Packer Depth: 5274

Reason for Non-Production: **WELL SHUT IN FOR CO2 PLANT CAPACITY CONSTRAINTS, WELL WILL BE RETURNED TO PRODUCTION AS SOON AS PLANT CAPACITY ALLOWS. THE WELL IS ISOLATED FROM THE ATMOSPHERE BY CLOSED VALVES ON THE WELLHEAD ASSEMBLY AND AN ISOLATION PACKER AT 5274'. IF YOU HAVE ANY QUESTIONS CONCERNING THIS WELL PLEASE CONTACT CHEVRON PE ROY CRAMER.**

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: DIANE

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

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)