


<b>FORM</b> <b>5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2512063	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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> 2. Name of Operator: <u>CHEVRON USA INC</u> 3. Address: <u>6001 BOLLINGER CANYON RD</u> City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>		4. Contact Name: <u>JULIE JUSTUS</u> Phone: <u>(970) 257-6042</u> Fax: <u>(970) 245-6489</u>					
5. API Number <u>05-045-17229-00</u> 7. Well Name: <u>SKR</u> 8. Location: QtrQtr: <u>NESW</u> Section: <u>4</u> Township: <u>6S</u> Range: <u>98W</u> Meridian: <u>6</u> 9. Field Name: <u>SKINNER RIDGE</u> Field Code: <u>77548</u>		6. County: <u>GARFIELD</u> Well Number: <u>698-04-AV-04</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>07/04/2010</u>		Date of First Production this formation: <u>08/05/2010</u>					
Perforations Top: <u>3946</u>	Bottom: <u>6086</u>	No. Holes: <u>222</u>	Hole size: <u>35/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>2,001,048 GALS SLURRY PUMPED WITH 1,211,078 LBS SAND.</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>08/08/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>627</u>				
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>627</u>	Bbls H2O: <u>882</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1250</u>	Tubing PSI: <u>550</u>	Choke Size: <u>28/64</u>				
Gas Disposition: <u>FLARED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1086</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5296</u>	Tbg setting date: <u>08/05/2010</u>	Packer Depth: _____				
Reason for Non-Production:							
<u>WAITING ON FACILITIES</u>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Bridge Plug Depth: _____		If yes, number of sacks cmt _____					
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: <u>JULIE JUSTUS</u>					
Title: <u>REGULATORY SPECIALIST</u>	Date: <u>8/19/2010</u>	Email <u>JJUSTUS@CHEVRON.COM</u>					

**Attachment Check List**

Att Doc Num	Name
2512063	FORM 5A SUBMITTED
2512064	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)