

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400165216

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: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583
4. Contact Name: Julie Justus
Phone: (970) 257-6042
Fax: (970) 245-6489

5. API Number 05-045-14391-00
6. County: GARFIELD
7. Well Name: SKR Well Number: 598-35-AV-12
8. Location: QtrQtr: NWNE Section: 35 Township: 5S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: MANCOS Status: PRODUCING
Treatment Date: 04/21/2009 Date of First Production this formation: 05/16/2010
Perforations Top: 7070 Bottom: 7108 No. Holes: 30 Hole size: 0.35
Provide a brief summary of the formation treatment: 194,292 gallons slurry pumped with 155,245 lbs sand Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 116 Bbls H2O: 18
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 116 Bbls H2O: 18 GOR: _____
Test Method: Flowing Casing PSI: 355 Tubing PSI: 335 Choke Size: 15
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: 7067 Tbg setting date: 05/22/2009 Packer Depth: _____
Reason for Non-Production: Well production alternating with shut in time to build up casing/tubing pressures
Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
New Form 5A submittal per Kathleen Mills request on 4/20/2011

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Julie Justus
Title: Regulatory Specialist Date: _____ Email jjustus@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
400165225	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)