



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.

Document Number:

400165216

1. OGCC Operator Number: 16700

4. Contact Name: Julie Justus

2. Name of Operator: CHEVRON USA INC

Phone: (970) 257-6042

3. Address: 6001 BOLLINGER CANYON RD

Fax: (970) 245-6489

City: SAN RAMON State: CA Zip: 94583

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:

Open Hole:

194,292 gallons slurry pumped with 155,245 lbs sand

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)