

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

Document Number:  
400177216

### 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: 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 05-045-16291-00  
6. County: GARFIELD  
7. Well Name: SKR Well Number: 598-36-AV-11  
8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6  
9. Field Name: SKINNER RIDGE Field Code: 77548

#### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 05/10/2011 Date of First Production this formation: 06/09/2011  
Perforations Top: 3897 Bottom: 4481 No. Holes: 102 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole:

615,082 gals clean frac fluid pumped with 383,920 lbs sand. Note: Extended flow test off Upper Williams Fork Formation (Stage 6 through Stage 9) additional plugs to be drilled out and Lower Williams Fork to be added at a later date.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 06/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 520 Bbls H2O: 340  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 520 Bbls H2O: 340 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 650 Tubing PSI: 340 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4280 Tbg setting date: 06/09/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:  
NA

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  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: Julie Justus

Title: Regulatory Specialist Date: 6/21/2011 Email jjustus@chevron.com  
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**Attachment Check List**

Att Doc Num	Name
400177216	FORM 5A SUBMITTED
400177223	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)