

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



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COMPLETED INTERVAL REPORT

Document Number: 400177228

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 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 05-045-16290-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 598-36-AV-13
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: 06/07/2011
Perforations Top: 4530 Bottom: 6434 No. Holes: 210 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: []
1,330,332 gals clean frac fluid pumped with 827,495 lbs sand
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1092 Bbls H2O: 626
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1092 Bbls H2O: 626 GOR:
Test Method: Flowing Casing PSI: 1220 Tubing PSI: 710 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4437 Tbg setting date: 06/07/2011 Packer Depth:
Reason for Non-Production:
NA
Date formation Abandoned: Squeeze: [] Yes [X] 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

Attachment Check List

Att Doc Num	Name
400177228	FORM 5A SUBMITTED
400177234	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)