

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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Document Number:

400177228

**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 05-045-16290-00  
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 ☒ 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 ☒ 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

User Group	Comment	Comment Date

Total: 0 comment(s)