

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:  
400177256

### 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 05-045-16273-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-36-AV-15  
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: 05/11/2011 Date of First Production this formation: 05/28/2011  
Perforations Top: 4353 Bottom: 6329 No. Holes: 207 Hole size: 0.35  
Provide a brief summary of the formation treatment: 1,206,929 gal clean frac fluid pumped with 742,946 lbs sand Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 05/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 635  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 635 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1060 Tubing PSI: 540 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: 5589 Tbg setting date: 05/27/2011 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
400177256	FORM 5A SUBMITTED
400177263	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)