

**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:  
2584721

**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: 10091      4. Contact Name: KALLASANDRA MORAN  
 2. Name of Operator: BERRY PETROLEUM COMPANY      Phone: (303) 399-4225  
 3. Address: 1999 BROADWAY STE 3700      Fax: (303) 999-4325  
 City: DENVER      State: CO      Zip: 80202

5. API Number 05-045-19591-00      6. County: GARFIELD  
 7. Well Name: CHEVRON      Well Number: 19-21D  
 8. Location: QtrQtr: LOT 1      Section: 19      Township: 5S      Range: 96W      Meridian: 6  
 9. Field Name: GRAND VALLEY      Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK      Status: PRODUCING

Treatment Date: 09/21/2010      Date of First Production this formation: 10/04/2010  
 Perforations      Top: 9222      Bottom: 9568      No. Holes: 22      Hole size: 34/100

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

FRAC'D 1 STAGE OF INITIAL COMPLETION FROM 9222' TO 9568' @ SPF (22 SHOTS). FRAC'D WITH 145,160 LBS 30/50 WHITE SAND AND 7,435 BBLS SLICKWATER FLUID. LED WITH 500 GAL 7.5% ACID.

This formation is commingled with another formation:       Yes       No

**Test Information:**

Date: 10/05/2010      Hours: 24      Bbls oil: 0      Mcf Gas: 200      Bbls H2O: 99  
 Calculated 24 hour rate:      Bbls oil: 0      Mcf Gas: 200      Bbls H2O: 99      GOR: \_\_\_\_\_  
 Test Method: FLOWING      Casing PSI: 900      Tubing PSI: 370      Choke Size: 20  
 Gas Disposition: SOLD      Gas Type: DRY      BTU Gas: 1007      API Gravity Oil: 0  
 Tubing Size: 2 + 3/8      Tubing Setting Depth: 9291      Tbg setting date: 10/01/2010      Packer Depth: \_\_\_\_\_

Reason for Non-Production:

\_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_      Squeeze:  Yes       No      If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_      Sacks cement on top: \_\_\_\_\_

Comment:

\_\_\_\_\_

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: KALLASANDRA MORAN

Title: PERMITTING AGENT Date: 10/6/2010 Email KMORAN@BRY-CONSULTANT.COM  
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### **Attachment Check List**

Att Doc Num	Name
2584721	FORM 5A SUBMITTED
2584722	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	req form 5, logs, D/S, cmt tkts 4/21/11	4/21/2011 8:24:33 AM

Total: 1 comment(s)