

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:

400199163

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 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 05-045-16296-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 598-36-AV-14
8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/11/2011</u>		Date of First Production this formation: <u>02/26/2011</u>	
Perforations	Top: <u>4316</u> Bottom: <u>6435</u>	No. Holes: <u>210</u>	Hole size: <u>0.35</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>1,445,301 gals. clean frac fluid pumped with 907,408 lbs. sand.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>860</u> Bbls H2O: <u>141</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>860</u> Bbls H2O: <u>141</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1560</u>	Tubing PSI: <u>1270</u>	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1086</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5544</u>	Tbg setting date: <u>07/14/2011</u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

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: Email jjustus@chevron.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400199173	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)