

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



Table with columns DE, ET, OE, ES

Document Number: 400199117

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 05-045-16274-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 598-36-AV-16
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: 02/26/2011
Perforations Top: 4247 Bottom: 6364 No. Holes: 234 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: [ ]
1,491,094 gals. clean frac fluid pumped with 919,752 lbs. sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 07/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 241
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 241 GOR:
Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1260 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5563 Tbg setting date: 07/12/2011 Packer Depth:
Reason for Non-Production:
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: 8/24/2011 Email: jjustus@chevron.com

### Attachment Check List

Att Doc Num	Name
400199117	FORM 5A SUBMITTED
400199121	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)