

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:

400242658

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 05-045-17230-00 6. County: GARFIELD  
7. Well Name: SKR Well Number: 698-04-AV-03  
8. Location: QtrQtr: NESW Section: 4 Township: 6S Range: 98W Meridian: 6  
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 08/19/2011 Date of First Production this formation: 06/22/2011  
Perforations Top: 3900 Bottom: 5926 No. Holes: 234 Hole size: 0.35  
Provide a brief summary of the formation treatment: Open Hole: ☐  
1,239,800 gallons of clean water pumped with 763,500 pounds of sand.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 942 Bbls H2O: 291  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 942 Bbls H2O: 291 GOR: 0  
Test Method: Flowing Casing PSI: 1510 Tubing PSI: 1110 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: 5224 Tbg setting date: 08/31/2011 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:

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
400242718	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)