

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:

400243034

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 05-045-17212-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 698-04-AV-08
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: 08/20/2011 Date of First Production this formation: 06/24/2011
Perforations Top: 3881 Bottom: 5932 No. Holes: 210 Hole size: 0.35

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

1,098,185 gallons of clean water pumped with 672,600 pounds of sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 857 Bbls H2O: 355
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 857 Bbls H2O: 355 GOR: 0
Test Method: Flowing Casing PSI: 1250 Tubing PSI: 700 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5348 Tbg setting date: 09/23/2011 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
400243038	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)