

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:

400243061

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 05-045-17217-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 698-04-AV-14
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: 3758 Bottom: 5852 No. Holes: 237 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☐
1,058,806 gallons of clean water pumped with 633,200 pounds of sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1100 Bbls H2O: 210
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1100 Bbls H2O: 210 GOR: 0
Test Method: Flowing Casing PSI: 1510 Tubing PSI: 1200 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: 5416 Tbg setting date: 10/05/2011 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
400243069	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)