

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:

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 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 05-045-17212-00 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: 1/19/2012 Email: jjustus@chevron.com

### Attachment Check List

Att Doc Num	Name
400243034	FORM 5A SUBMITTED
400243038	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)