

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:

400243405

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 05-045-17218-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 698-04-AV-15

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: 3770 Bottom: 6092 No. Holes: 267 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,287,990 gallons of clean water pumped with 786,511 pounds of sand.

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

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1153 Bbls H2O: 282

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1153 Bbls H2O: 282 GOR: 0

Test Method: Flowing Casing PSI: 1570 Tubing PSI: 1170 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5802 Tbg setting date: 10/27/2011 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
400243405	FORM 5A SUBMITTED
400243410	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)