

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:

400244814

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 05-045-17291-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 698-09-AV-12
 8. Location: QtrQtr: SENE Section: 9 Township: 6S Range: 98W Meridian: 6
 9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/18/2011 Date of First Production this formation: 11/11/2011

Perforations Top: 3927 Bottom: 5932 No. Holes: 156 Hole size: 0.35

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

559,538 gallons of propane pumped with 1,181,760 pounds of sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1063 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1063 Bbls H2O: 9 GOR: 0

Test Method: Flowing Casing PSI: 1260 Tubing PSI: 1220 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: 5364 Tbg setting date: 12/13/2011 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: 1/24/2012 Email: jjustus@chevron.com

Attachment Check List

Att Doc Num	Name
400244814	FORM 5A SUBMITTED
400244829	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)