

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:

400245811

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 05-045-17211-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 698-04-AV-09
8. Location: QtrQtr: NESW Section: 4 Township: 6S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: COZZETTE	Status: PRODUCING
Treatment Date: 06/30/2011	Date of First Production this formation: 07/01/2011
Perforations Top: 6367 Bottom: 6464	No. Holes: 24 Hole size: 0.35
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
143,766 gallons of clean water pumped with 81,800 pounds of sand.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>06/22/2011</u>		Date of First Production this formation: <u>06/23/2011</u>			
Perforations	Top: <u>6500</u>	Bottom: <u>6709</u>	No. Holes: <u>24</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
120,180 gallons of clean water pumped with 67,800 pounds of sand.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/07/2011</u>		Date of First Production this formation: <u>07/08/2011</u>			
Perforations	Top: <u>6108</u>	Bottom: <u>6120</u>	No. Holes: <u>6</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
46,377 gallons of clean water pumped with 26,289 pounds of sand.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK-ILES</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/20/2011</u>		Date of First Production this formation: <u>06/23/2011</u>			
Perforations	Top: <u>3874</u>	Bottom: <u>6709</u>	No. Holes: <u>282</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>1,683,672 gallons of clean water pumped with 1,020,380 pounds of sand.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>11/07/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1140</u>	Bbls H2O: <u>191</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1140</u>	Bbls H2O: <u>191</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1310</u>	Tubing PSI: <u>1060</u>	Choke Size: <u>18/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1086</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6082</u>	Tbg setting date: <u>12/22/2011</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/20/2011</u>		Date of First Production this formation: <u>07/10/2011</u>			
Perforations	Top: <u>3874</u>	Bottom: <u>6095</u>	No. Holes: <u>228</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>1,373,349 gallons of clean water pumped with 844,4917 pounds of sand.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Julie Justus</u>	
Title: <u>Regulatory Specialist</u>	Date: _____	Email <u>jjustus@chevron.com</u>	

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
400245834	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)