

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400488910

Date Received:

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 City: SAN RAMON State: CA Zip: 94583 Fax: (970) 245-6349

5. API Number 05-045-15425-00 6. County: GARFIELD
7. Well Name: SKR-598-25-BV- Well Number: 16
8. Location: QtrQtr: SENW Section: 25 Township: 5S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2013 End Date: 09/05/2013 Date of First Production this formation: 12/02/2009

Perforations Top: 4247 Bottom: 5142 No. Holes: 108 Hole size: 35/100

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

Pumped 697,242 gallons treated produced water with 432,220 lbs of sand.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 16601 Max pressure during treatment (psi): 6660
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Min frac gradient (psi/ft): 0.75
Total acid used in treatment (bbl): 0 Number of staged intervals: 4
Recycled water used in treatment (bbl): 16601 Flowback volume recovered (bbl): 8622
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 432220 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/01/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 367 Bbl H2O: 160
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 367 Bbl H2O: 160 GOR: 0
Test Method: FLOWTEST Casing PSI: 110 Tubing PSI: 50 Choke Size: 32/64
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1068 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5492 Tbg setting date: 09/25/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Additional perms added to Williams Fork.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jessica Hale

Title: Technical Assistant Date: _____ Email: jhale@chevron.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400492316	COMPLETED INTERVAL REPORT
400492317	COMPLETED INTERVAL REPORT
400492318	COMPLETED INTERVAL REPORT
400492319	COMPLETED INTERVAL REPORT
400492324	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)