

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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 Fax: (970) 245-6489
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-22131-00 6. County: GARFIELD
 7. Well Name: SKR 598-08-BV- Well Number: 04
 8. Location: QtrQtr: Lot 8 Section: 8 Township: 5S Range: 98W Meridian: 6
 9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: OHIO CREEK Status: INJECTING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/01/2013 End Date: 11/02/2013 Date of First Production this formation: _____
 Perforations Top: 4353 Bottom: 4745 No. Holes: 48 Hole size: 35/100

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

Pumped 307,146 gallons treated produced water with 218,000 lbs of sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7313 Max pressure during treatment (psi): 4797
 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: 1
 Recycled water used in treatment (bbl): 7313 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: _____
 Total proppant used (lbs): 218000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 4311 Tbg setting date: 11/27/2013 Packer Depth: _____

Reason for Non-Production: Injection Well

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

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

Comment:

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

Signed: _____ Print Name: Jessica Matthews
Title: Technical Assistant Date: _____ Email: JessicaMatthews@Chevron.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400520592	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)