

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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Document Number: 400605429

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 Email: jjustus@chevron.com

5. API Number 05-045-15196-00 6. County: GARFIELD  
 7. Well Name: SKR Well Number: 598-25-AV-10  
 8. Location: QtrQtr: NENW Section: 25 Township: 5S Range: 98W Meridian: 6  
 9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

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

Treatment Date: 08/14/2009 End Date: 08/23/2009 Date of First Production this formation: 09/28/2009

Perforations Top: 5600 Bottom: 6690 No. Holes: 117 Hole size: 35/100

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

371,851 gals slurry pumped with 246,651 lbs sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 8854 Max pressure during treatment (psi): 4438

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.51

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): 8854 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246651 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

Test Information:

Date: 09/30/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 1016 Bbl H2O: 391

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1016 Bbl H2O: 391 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 810 Tubing PSI: 410 Choke Size: 28/64

Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1086 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6027 Tbg setting date: 09/28/2009 Packer Depth: \_\_\_\_\_

Reason for Non-Production: NA

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:

I am filing this Form 5A to correct Monthly Production Report error: "Need Form 5A" for WFCM

Original 5A submitted (Doc #1948199) listed WMFK as producing interval, which included WFCM completion as a common hydrocarbon source, but did not specifically name WFCM.

This Form 5A is intended to replace/correct original Form 5A filed in 2009 (attached)

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: \_\_\_\_\_ Email: jjustus@chevron.com  
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### Attachment Check List

**Att Doc Num**      **Name**

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

User Group	Comment	Comment Date

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