

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: 400616250

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 05-045-17218-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 698-04-AV-15
 8. Location: QtrQtr: NESW Section: 4 Township: 6S 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: 06/17/2011 End Date: 08/20/2011 Date of First Production this formation: 06/24/2011

Perforations Top: 3770 Bottom: 6092 No. Holes: 267 Hole size: 35/100

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

1,287,990 gals clean produced water pumped with 786,511 lbs sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 30666 Max pressure during treatment (psi): 4404

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: 10

Recycled water used in treatment (bbl): 30666 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 786511 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/28/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1153 Bbl H2O: 282

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1153 Bbl H2O: 282 GOR: _____

Test Method: Flowing Casing PSI: 1570 Tubing PSI: 1170 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5802 Tbg setting date: 10/27/2011 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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

The original Form 5A (Doc #400243405) listed WMFK as completed interval, which included WFCM completion as common hydrocarbon source, but did not specifically name WFCM

This Form 5A is intended to correct/replace original Form 5A filed in 2012

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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

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

Total: 0 comment(s)