

FORM
5ARev
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:

400616304

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 05-045-17230-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 698-04-AV-03
 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: 06/15/2011 End Date: 08/19/2011 Date of First Production this formation: 06/22/2011

Perforations Top: 3900 Bottom: 5926 No. Holes: 234 Hole size: 35/100

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

1,239,800 gals clean produced water pumped with 763,500 lbs sand

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 29519

Max pressure during treatment (psi): 4360

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: 9

Recycled water used in treatment (bbl): 29519

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 763500

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/02/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 942 Bbl H2O: 291

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 942 Bbl H2O: 291 GOR: _____

Test Method: Flowing Casing PSI: 1510 Tubing PSI: 1110 Choke Size: 16/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5224 Tbg setting date: 08/31/2011 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

Original Form 5A (Doc #400242658) listed WMFK as completed interval, which included WFCM as common hydrocarbon source, but did not specifically name WFCM

This Form 5A is intended to correct/replace original Form 5A

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**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)