

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: 400629802

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: 10091 4. Contact Name: HEIDI BANG
 2. Name of Operator: BERRY PETROLEUM COMPANY LLC Phone: (303) 999-4262
 3. Address: 1999 BROADWAY STE 3700 Fax: (303) 999-4362
 City: DENVER State: CO Zip: 80202 Email: HBANG@LINNENERGY.COM

5. API Number 05-045-11037-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: 18-434D
 8. Location: QtrQtr: NWNW Section: 20 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/15/2006 End Date: 05/16/2006 Date of First Production this formation: 03/28/2006
 Perforations Top: 5246 Bottom: 7706 No. Holes: 224 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/22/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1525 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7102 Tbg setting date: 06/03/2014 Packer Depth: _____

Reason for Non-Production: The only change on the revised form is the tuping depth and set date.

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:

Please note this was a tubing repair so there wasn't any major changes besides the tubing depth. (Old 7364', New 7102')

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

Signed: _____ Print Name: HEIDI BANG

Title: FIELD ADMIN 2 Date: _____ Email: HBANG@LINNENERGY.COM
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Attachment Check List

Att Doc Num **Name**

400629806	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)