

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



DE ET OE ES

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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

2. Name of Operator: CHEVRON USA INC

3. Address: 6001 BOLLINGER CANYON RD

City: SAN RAMON

State: CA

Zip: 94583

4. Contact Name: Julie Justus

Phone: (970) 257-6042

Fax: (970) 245-6489

Email: jjustus@chevron.com

5. API Number 05-045-10713-00

7. Well Name: SKINNER RIDGE

6. County: GARFIELD

Well Number: 698-11-1

8. Location: QtrQtr: SESE

Section: 11

Township: 6S

Range: 98W

Meridian: 6

9. Field Name: SKINNER RIDGE

Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK

Status: SHUT IN

Treatment Type:

Treatment Date: 11/04/2014

End Date: 11/04/2014

Date of First Production this formation: 02/13/2006

Perforations

Top: 4026

Bottom: 6204

No. Holes: 132

Hole size: 034/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

The subject well has been Shut In due to high water production and potential for issues with freezing. The well is isolated from atmosphere by master valves at the well head. The well will be returned to production in the Spring of 2015.

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: 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: Tubing Setting Depth: Tbg setting date: 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:

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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: 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)