

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
6. County: GARFIELD
7. Well Name: SKINNER RIDGE
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: PRODUCING Treatment Type:
Treatment Date: 04/02/2015 End Date: 04/02/2015 Date of First Production this formation: 02/13/2006
Perforations Top: 4026 Bottom: 6204 No. Holes: 132 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole:
The subject well has been Returned to Production (RTP) after being shut in for winter due to water production and potential for freezing.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: 4/3/2015 Email: jjustus@chevron.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400820251	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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