

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2590553

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

5. API Number 05-045-16254-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-25-CV-03  
8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6  
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 08/29/2010 Date of First Production this formation: 09/29/2010  
Perforations Top: 3778 Bottom: 5788 No. Holes: 234 Hole size: 7/20  
Provide a brief summary of the formation treatment: Open Hole:   
1,660,412 GALS SLURRY PUMPED WITH 999,713 LBS. SAND.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 10/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 863 Bbls H2O: 439  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 863 Bbls H2O: 439 GOR:  
Test Method: FLOWING Casing PSI: 1160 Tubing PSI: 600 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4964 Tbg setting date: 09/29/2010 Packer Depth:  
Reason for Non-Production:  
NA  
Date formation Abandoned: Squeeze:  Yes  No If yes, number of sacks cmt  
Bridge Plug Depth: Sacks cement on top:

Comment:

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: 10/27/2010 Email: JJUSTUS@CHEVRON.COM

### Attachment Check List

Att Doc Num	Name
2590553	FORM 5A SUBMITTED
2590554	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)