

State of Colorado  
Oil and Gas Conservation Commission

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



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Document Number:

2590553

## 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

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
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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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	863	Bbls H2O:	439	GOR:
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Test Method: FLOWING	Casing PSI: 1160	Tubing PSI: 600	Choke Size: 28/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1086	API Gravity Oil:
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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>
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Total: 0 comment(s)