

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
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COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1633176 </div>				

1. OGCC Operator Number: <u>16700</u>	4. Contact Name: <u>JULIE JUSTUS</u>
2. Name of Operator: <u>CHEVRON USA INC</u>	Phone: <u>(970) 257-6042</u>
3. Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(970) 245-6489</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	

5. API Number <u>05-045-16255-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SKR</u>	Well Number: <u>598-25-CV-01</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>25</u> Township: <u>5S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SKINNER RIDGE</u> Field Code: <u>77548</u>	

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: <u>07/30/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6238</u> Bottom: <u>6396</u>	No. Holes: <u>21</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>139776 GALS SLURRY PUMPED WITH 97951 LBS SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:	
MISSED PERFRATION (OFF DEPTH), ABONDON DUE TO HIGH WATER CUT. (Add note) Set Cast Iron Cement Retainer at 6220 but were unable to pump cement through Retainer. Set 1 barrel cement plug above retainer, upon verbal approval by Dave Andrews. PBTB is now 6155'. See cement and wireline summaries attached to doc # 2054838 dated 1/10/2011.	
Date formation Abandoned: <u>12/13/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6216</u> Sacks cement on top: <u>5</u>	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/23/2010 Date of First Production this formation: 12/17/2010

Perforations Top: 4221 Bottom: 5925 No. Holes: 168 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1335684 GALS SLURRY PUMPED WITH 816197 LBS SAND.
(This is Williams Fork completion information.)

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 870 Bbls H2O: 279

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 870 Bbls H2O: 279 GOR: _____

Test Method: FLOWING Casing PSI: 780 Tubing PSI: 360 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5192 Tbg setting date: 12/15/2010 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: _____

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: 1/21/2011 Email JJUSTUS@CHEVRON.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)