

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

Document Number:  
2591801

### 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

5. API Number 05-045-16261-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-25-CV-07  
8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

#### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/18/2010 Date of First Production this formation: 10/25/2010

Perforations Top: 4088 Bottom: 6094 No. Holes: 195 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1,550,808 GALS SLURRY PUMPED WITH 897,643 LBS SAND.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 10/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1149 Bbls H2O: 287

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1149 Bbls H2O: 287 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 1610 Tubing PSI: 1290 Choke Size: 14/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5608 Tbg setting date: 10/25/2010 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: 12/10/2010 Email: JJUSTUS@CHEVRON.COM

**Attachment Check List**

Att Doc Num	Name
2591801	FORM 5A SUBMITTED
2591802	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)