

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



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Document Number:

400177256

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 05-045-16273-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-36-AV-15  
8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6  
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK	Status: PRODUCING
Treatment Date: 05/11/2011	Date of First Production this formation: 05/28/2011
Perforations Top: 4353 Bottom: 6329	No. Holes: 207 Hole size: 0.35
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
1,206,929 gal clean frac fluid pumped with 742,946 lbs sand	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 05/29/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 635
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1231 Bbls H2O: 635 GOR:
Test Method: Flowing	Casing PSI: 1060 Tubing PSI: 540 Choke Size: 32/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1086 API Gravity Oil:
Tubing Size: 2 + 3/8	Tubing Setting Depth: 5589 Tbg setting date: 05/27/2011 Packer Depth:
Reason for Non-Production:	
NA	
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: \_\_\_\_\_ Email: jjustus@chevron.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400177263	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)