

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:

400199082

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 05-045-16280-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-36-AV-22  
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: 04/26/2011	Date of First Production this formation: 03/04/2011
Perforations Top: 4143 Bottom: 6075	No. Holes: 213 Hole size: 0.35
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
1,356,382 gals. clean frac fluid pumped with 840,370 lbs. sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 06/29/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 1036 Bbls H2O: 494
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1036 Bbls H2O: 494 GOR:
Test Method: Flowing	Casing PSI: 1090 Tubing PSI: 580 Choke Size: 26/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 5388 Tbg setting date: 06/25/2011 Packer Depth:
Reason for Non-Production:	
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
400199089	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)