

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:

400199094

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 05-045-16278-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 598-36-AV-20
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: 04/27/2011	Date of First Production this formation: 03/04/2011
Perforations Top: 4009 Bottom: 6185	No. Holes: 291 Hole size: 0.35
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
1,786,039 gals. clean frac fluid pumped with 1,090,600 lbs. sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 06/29/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 1176 Bbls H2O: 604
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1176 Bbls H2O: 604 GOR:
Test Method: Flowing	Casing PSI: 1350 Tubing PSI: 810 Choke Size: 24/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 5411 Tbg setting date: 06/28/2011 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
400199100	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)