

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:
400245849

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 05-045-17216-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 698-04-AV-13
8. Location: QtrQtr: NESW Section: 4 Township: 6S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 07/01/2011 Date of First Production this formation: 07/02/2011
Perforations Top: 6479 Bottom: 6618 No. Holes: 21 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole:
138,049 gallons of clean water pumped with 81,433 pounds of sand.
This formation is commingled with another formation: Yes 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:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 07/01/2011 Date of First Production this formation: 06/23/2011

Perforations Top: 6718 Bottom: 6840 No. Holes: 33 Hole size: 0.35

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

189,939 gallons of clean water pumped with 109,867 pounds of sand.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 07/09/2011 Date of First Production this formation: 08/07/2011

Perforations Top: 6246 Bottom: 6259 No. Holes: 6 Hole size: 0.35

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

50,764 gallons of clean water pumped with 32,467 pounds of sand.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILES Status: PRODUCING

Treatment Date: 08/20/2011 Date of First Production this formation: 06/23/2011

Perforations Top: 4026 Bottom: 6840 No. Holes: 291 Hole size: 0.35

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

1,794,208 gallons of clean water pumped with 1,048,609 pounds of sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 241

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 241 GOR: 0

Test Method: Flowing Casing PSI: 1610 Tubing PSI: 1240 Choke Size: 16/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6585 Tbg setting date: 11/02/2011 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/20/2011 Date of First Production this formation: 07/07/2011

Perforations Top: 4026 Bottom: 6234 No. Holes: 231 Hole size: 0.35

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

1,415,456 gallons of clean water pumped with 824,842 pounds of sand.

This formation is commingled with another formation: Yes 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: _____

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: _____ 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
400245851	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)