

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



Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400245802

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 05-045-17214-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 698-04-AV-05
8. Location: QtrQtr: NESW Section: 4 Township: 6S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 06/21/2011 Date of First Production this formation: 06/22/2011
Perforations Top: 6005 Bottom: 6027 No. Holes: 9 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: [ ]
59,513 gallons of clean water pumped with 36,533 pounds of sand.
This formation is commingled with another formation: [X] 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: COMMINGLED

Treatment Date: 08/19/2011 Date of First Production this formation: 06/22/2011

Perforations Top: 3882 Bottom: 6027 No. Holes: 225 Hole size: 0.35

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

1,439,504 gallons of clean water pumped with 83,3007 pounds of sand.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 975 Bbls H2O: 298

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 975 Bbls H2O: 298 GOR: 0

Test Method: Flowing Casing PSI: 1560 Tubing PSI: 1180 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: 5319 Tbg setting date: 08/29/2011 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: 08/19/2011 Date of First Production this formation: 06/22/2011

Perforations Top: 3882 Bottom: 5955 No. Holes: 216 Hole size: 0.35

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

1,379,991 gallons of clean water pumped with 846,767 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: 1/26/2012 Email: jjustus@chevron.com

### Attachment Check List

Att Doc Num	Name
2537811	WELLBORE DIAGRAM
400245802	FORM 5A SUBMITTED
400245810	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--passed	1/27/2012 8:26:50 AM
Permit	On Hold--This is corrected 5A to report WMFK & RLNS. Oper. submitting recomplete APD & sundry for RLNS. Need to unapprove 5A #400242626 and delete. will approve this 5A when APD processed.	1/26/2012 1:15:39 PM

Total: 2 comment(s)