

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400412470

Date Received:
05/10/2013

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: <u>10091</u>	4. Contact Name: <u>HEIDI BANG</u>
2. Name of Operator: <u>BERRY PETROLEUM COMPANY LLC</u>	Phone: <u>(303) 999-4262</u>
3. Address: <u>1999 BROADWAY STE 3700</u>	Fax: <u>(303) 999-4362</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>HSB@BRY.COM</u>

5. API Number <u>05-045-12907-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CHEVRON</u>	Well Number: <u>18-25D</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>18</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/10/2013 End Date: 04/11/2013 Date of First Production this formation: 01/14/2008
Perforations Top: 7152 Bottom: 7856 No. Holes: 64 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

Stage 4: 7574-7856 @ 2SPF (32 shots): Frac'd with 182,000# of 20/40 white sand and 6393 bbls of fluid w/ 500g 7.5% acid
Stage 5: 7152-7400 @ 2SPF (32 shots): Frac'd with 280,220# of 20/40 white sand and 9144 bbls of fluid w/ 500g 7.5% acid

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 15561 Max pressure during treatment (psi): 4897
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.47
Total acid used in treatment (bbl): 24 Number of staged intervals: 2
Recycled water used in treatment (bbl): 15537 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 462220 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/23/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 188
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 188 GOR: _____
Test Method: Flowing Casing PSI: 1130 Tubing PSI: 700 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8700 Tbg setting date: 05/02/2013 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Recompletion (2 addtl stages) for Chevron 18-25D.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: HEIDI BANG
Title: REG COMPLIANCE ASSISTANT Date: 5/10/2013 Email: HSB@BRY.COM

Attachment Check List

Att Doc Num	Name
400412470	FORM 5A SUBMITTED
400416730	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Changed gal to bbl on Formation Information panel. dhs.	10/15/2014 7:14:02 AM

Total: 1 comment(s)