

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400629802

Date Received: 06/19/2014

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

5. API Number 05-045-11037-00
6. County: GARFIELD
7. Well Name: CHEVRON Well Number: 18-434D
8. Location: QtrQtr: NWNW Section: 20 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/15/2006 End Date: 05/16/2006 Date of First Production this formation: 03/28/2006
Perforations Top: 5246 Bottom: 7706 No. Holes: 224 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/22/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1500 Bbl H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1525 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7102 Tbg setting date: 06/03/2014 Packer Depth:

Reason for Non-Production: The only change on the revised form is the tuping depth and set date.

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:

Please note this was a tubing repair so there wasn't any major changes besides the tubing depth. (Old 7364', New 7102')

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: FIELD ADMIN 2 Date: 6/19/2014 Email HBANG@LINNENERGY.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400629802	FORM 5A SUBMITTED
400629806	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Took out some bad joints of tubing, resulting in raising setting point by 262'.	10/15/2014 7:40:09 AM

Total: 1 comment(s)