

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: 400605971

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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
Email: jjustus@chevron.com

5. API Number 05-045-15259-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 598-25-AV-17
8. Location: QtrQtr: NENW Section: 25 Township: 5S Range: 98W Meridian: 6
9. Field Name: SKINNER RIDGE Field Code: 77548

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/25/2009 End Date: 07/06/2009 Date of First Production this formation: 10/23/2009

Perforations Top: 4938 Bottom: 6159 No. Holes: 171 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

525,000 gals slurry pumped with 353,742 lbs sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 12500 Max pressure during treatment (psi): 5771
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Min frac gradient (psi/ft): 0.75
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): 12500 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 353742 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/25/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 1317 Bbl H2O: 643
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1317 Bbl H2O: 643 GOR:
Test Method: Flowing Casing PSI: 980 Tubing PSI: 510 Choke Size: 32/64
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1086 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5757 Tbg setting date: 10/22/2009 Packer Depth:

Reason for Non-Production: NA

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:

I am filing this Form 5A to correct Monthly Production Report error: "Need Form 5A" for WFCM

Original 5A submitted (Doc #1948207) listed WMFK as producing interval, which included WFCM completion as a common hydrocarbon source, but did not specifically name WFCM.

This Form 5A is intended to correct/replace original Form 5A filed in 2009 (Attached)

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: 5/9/2014 Email: jjustus@chevron.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400605971	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PassesPermitting: Operator says 400605944 is indeed a twin and one or other should be deleted. Am withdrawing 400605944 and approving 400605971.9/9/14 dhs PENDING: determine if twin form (doc 400605944) is needed or can be deleted/withdrawn. 9/8/14 dhs	9/8/2014 2:14:44 PM

Total: 1 comment(s)