

**FORM
5**Rev
02/08State 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:

1939171

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 16700 4. Contact Name: CRAIG MUELOT
2. Name of Operator: CHEVRON USA INC Phone: (281) 582-5304
3. Address: 6001 BOLLINGER CANYON RD Fax: (713) 752-7278
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-16259-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 598-25-CV-11
8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6
Footage at surface: Distance: 330 feet Direction: FSL Distance: 1998 feet Direction: FWL
As Drilled Latitude: 39.578294 As Drilled Longitude: -108.341286

GPS Data:

Data of Measurement: 10/06/2008 PDOP Reading: 3.2 GPS Instrument Operator's Name: IVAN MARTIN

** If directional footage

at Top of Prod. Zone Distance: 650 feet Direction: FSL Distance: 1923 feet Direction: FEL
Sec: 25 Twp: 5S Rng: 98W
at Bottom Hole Distance: 682 feet Direction: FSL Distance: 1958 feet Direction: FEL
Sec: 25 Twp: 5S Rng: 98W

9. Field Name: SKINNER RIDGE 10. Field Number: 77548

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/27/2008 13. Date TD: 09/23/2008 14. Date Casing Set or D&A: 09/24/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6430 TVD 6099 17 Plug Back Total Depth MD _____ TVD _____18. Elevations GR 6205 KB 6230

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

NO OPEN HOLE LOGS RUN. WILL PROVIDE WHEN AVAILABLE

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	89		0	89	CALC
SURF	12+1/4	8+5/8		0	1,272	260	0	1,319	CALC
1ST	7+7/8	4+1/2		0	6,382	1,007	603	6,405	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y Print Name: CRAIG MUELOT

Title: REGULATORY SPECIALIST Date: 1/19/2009 Email: CNLB@CHEVRON.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Preliminary Form 5.	2/25/2011 12:45:04 PM

Total: 1 comment(s)