


FORM 5 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2511713</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>16700</u>		4. Contact Name: <u>CRAIG MUELOT</u>					
2. Name of Operator: <u>CHEVRON USA INC</u>		Phone: <u>(970) 257-6094</u>					
3. Address: <u>6001 BOLLINGER CANYON RD</u>		Fax: <u>(281) 561-3702</u>					
City: <u>SAN RAMON</u>	State: <u>CA</u>	Zip: <u>94583</u>					
5. API Number <u>05-045-16255-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>SKR</u>		Well Number: <u>598-25-CV-01</u>					
8. Location: QtrQtr: <u>SESW</u> Section: <u>25</u> Township: <u>5S</u> Range: <u>98W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>294</u> feet Direction: <u>FSL</u>		Distance: <u>1988</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.578195</u>		As Drilled Longitude: <u>-108.341321</u>					
GPS Data:							
Data of Measurement: <u>10/06/2008</u>		PDOP Reading: <u>3.2</u> GPS Instrument Operator's Name: <u>IVAN MARTIN</u>					
** If directional footage at Top of Prod. Zone		Dist.: <u>362</u> feet. Direction: <u>FNL</u> Dist.: <u>671</u> feet. Direction: <u>FWL</u>					
Sec: <u>36</u> Twp: <u>5S</u> Rng: <u>98W</u>							
** If directional footage at Bottom Hole		Dist.: <u>382</u> feet. Direction: <u>FNL</u> Dist.: <u>654</u> feet. Direction: <u>FWL</u>					
Sec: <u>36</u> Twp: <u>5S</u> Rng: <u>98W</u>							
9. Field Name: <u>SKINNER RIDGE</u>		10. Field Number: <u>77548</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>08/16/2008</u> 13. Date TD: <u>11/30/2008</u> 14. Date Casing Set or D&A: <u>12/01/2008</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>6534</u> TVD** <u>6149</u>		17 Plug Back Total Depth MD <u>6455</u> TVD** <u>6068</u>					
18. Elevations GR <u>6205</u> KB <u>6230</u>		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:							
<u>ACBL, SUBMITTED ON 7/30/09</u>							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	79		0	79	CALC
SURF	12+1/4	8+5/8		0	1,524	315	0	1,546	VISU
1ST	7+7/8	4+1/2		0	6,353	968	1,810	6,509	CBL

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	
WASATCH G	2,203	2,376	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,376	3,421	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,421	3,794	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,794	4,162	<input type="checkbox"/>	<input type="checkbox"/>	UPEER WF 4162-5206', MID WF 5206-6056'
CAMEO COAL	6,056	6,256	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,256	6,384	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,384	6,455	<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: _____ Print Name: CRAIG MUELOT

Title: REGULATORY SPECIALIST Date: 8/11/2010 Email: CNLB@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2511714	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2511713	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement summary for surface pipe is part of doc # 2111075.	3/18/2011 1:00:17 PM

Total: 1 comment(s)