

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



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DRILLING COMPLETION REPORT

Document Number:

400160282

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: Julie Justus
2. Name of Operator: CHEVRON USA INC Phone: (970) 257-6042
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6489
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-14391-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 598-35-AV-12
8. Location: QtrQtr: NWNE Section: 35 Township: 5S Range: 98W Meridian: 6
Footage at surface: Distance: 980 feet Direction: FNL Distance: 1466 feet Direction: FEL
As Drilled Latitude: 39.574701 As Drilled Longitude: -108.353568

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: 1472 feet Direction: FNL Distance: 1973 feet Direction: FEL
Sec: 35 Twp: 5S Rng: 98W
at Bottom Hole Distance: 1464 feet Direction: FNL Distance: 2089 feet Direction: FEL
Sec: 35 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) 10/10/2007 13. Date TD: 10/20/2007 14. Date Casing Set or D&A: 10/26/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD _____ TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6110 KB 6135

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:

ACBL, RMTE

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		25	50			50	CBL
SURF	12+1/4	9+5/8	36	25	1,606	454		1,625	CBL
1ST	7+7/8	4+1/2	11.6	25	7,209	1,510	1,455	7,236	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
RETAINER	SURF	1,634	454		1,634
RETAINER	1ST	7,233	1,510	1,505	7,233

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	1,947	2,099	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,099	3,067	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,067	3,408	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,408	5,667	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,667	5,874	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,874	6,040	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,040	6,273	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,273	6,536	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	6,536	7,062	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS B	7,062	7,187	<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: Julie Justus

Title: Regulatory Specialist Date: _____ Email: jjustus@chevron.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400160293	DIRECTIONAL SURVEY
400160294	CEMENT JOB SUMMARY
400160295	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)