

**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:

2566330

**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: 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 05-045-14395-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-35-AV-08

8. Location: QtrQtr: NWNE Section: 35 Township: 5S Range: 98W Meridian: 6

Footage at surface: Distance: 970 feet Direction: FNL Distance: 1477 feet Direction: FEL

As Drilled Latitude: 39.574728 As Drilled Longitude: -108.353608

## GPS Data:

Data of Measurement: 12/05/2006 PDOP Reading: 3.4 GPS Instrument Operator's Name: IVAN MARTIN

\*\* If directional footage at Top of Prod. Zone Dist.: 694 feet. Direction: FNL Dist.: 578 feet. Direction: FEL

Sec: 35 Twp: 6S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 712 feet. Direction: FNL Dist.: 624 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) 08/30/2007 13. Date TD: 09/16/2007 14. Date Casing Set or D&amp;A: 09/18/2007

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6175 TVD\*\* 6016 17 Plug Back Total Depth MD 6098 TVD\*\* 5939

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:

RCBL, 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		0	75		0	75	CALC
SURF	12+1/4	8+5/8		0	1,062	410	0	1,062	CBL
1ST	7+7/8	4+1/2		1087	6,147	1,110	1,015	6,147	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	1,971	2,136	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,136	3,125	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,125	3,492	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,492	5,737	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,737	5,941	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,941	6,175	<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 Date: 1/20/2011 Email: JJUSTUS@CHEVRON.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2566332	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2566331	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>					
2566330	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)