

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



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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
2566330	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)