

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
DRILLING COMPLETION REPORT			Document Number: 2511733
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 type="checkbox"/> Final completion <input checked="" 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>(970) 245-6489</u>	
City: <u>SAN RAMON</u>	State: <u>CA</u>	Zip: <u>94583</u>	
5. API Number <u>05-045-16259-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>SKR</u>		Well Number: <u>598-25-CV-11</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>330</u> feet Direction: <u>FSL</u> Distance: <u>1998</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: <u>39.578294</u> As Drilled Longitude: <u>-108.341286</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>650</u> feet. Direction: <u>FSL</u> Dist.: <u>1923</u> feet. Direction: <u>FEL</u>			
Sec: <u>25</u> Twp: <u>5S</u> Rng: <u>98W</u>			
** If directional footage at Bottom Hole Dist.: <u>682</u> feet. Direction: <u>FSL</u> Dist.: <u>1958</u> feet. Direction: <u>FEL</u>			
Sec: <u>25</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>08/27/2008</u> 13. Date TD: <u>09/23/2008</u> 14. Date Casing Set or D&A: <u>09/24/2008</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>6430</u> TVD** <u>6099</u>		17 Plug Back Total Depth MD <u>6359</u> TVD** <u>6028</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>CBL, RMT</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	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	1,310	6,405	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	2,070	2,259	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,259	3,359	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,359	3,727	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FK-ROLLINS-CAMEO	3,727	4,096	<input type="checkbox"/>	<input type="checkbox"/>	UPPER WF 4096-5133', MID WF 5133-5924'
CAMEO COAL	5,924	6,152	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,152	6,359	<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"/>
2511734	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>			
2511733	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC LOG AND CMT TKT DOC# 1634720, ATTACHED TO FINAL FORM 5	5/5/2011 10:01:49 AM
Permit	ON HOLD: Requested paper CBL, digital CBL and RMTE logs, cement summary and Form 5A.	2/25/2011 12:54:46 PM

Total: 2 comment(s)