

FORM  
5Rev  
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:

400168562

## 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 05-045-16296-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-36-AV-14

8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6

Footage at surface: Distance: 1724 feet Direction: FNL Distance: 2337 feet Direction: FWL

As Drilled Latitude: 39.572657 As Drilled Longitude: -108.340075

## GPS Data:

Data of Measurement: 09/30/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: Ivan Martin

\*\* If directional footage at Top of Prod. Zone Dist.: 207 feet. Direction: FNL Dist.: 1934 feet. Direction: FEL

Sec: 36 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 130 feet. Direction: FNL Dist.: 1964 feet. Direction: FEL

Sec: 36 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) 09/21/2008 13. Date TD: 10/30/2008 14. Date Casing Set or D&amp;A: 11/01/2008

## 15. Well Classification:

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

16. Total Depth MD 6600 TVD\*\* 6090 17 Plug Back Total Depth MD 6558 TVD\*\* 6034

18. Elevations GR 6343 KB 6368

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	36.95	0	144		0	144	CALC
SURF	12+1/4	8+5/8	24	0	1,477	444	144	1,477	CALC
1ST	7+7/8	4+1/2	11.6	0	6,600	1,058	1,477	6,600	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	2,375	2,577	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,577	3,676	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,676	4,041	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,041	6,254	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,254	6,497	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,497	6,556	<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: 5/24/2011 Email: jjustus@chevron.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400168576	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400168575	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>					
400168562	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	req rmte digital log	7/26/2011 11:32:35 AM

Total: 1 comment(s)