

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:

400169232

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

5. API Number 05-045-16280-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 598-36-AV-22
8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6
Footage at surface: Distance: 1713 feet Direction: FNL Distance: 2365 feet Direction: FWL
As Drilled Latitude: 39.572688 As Drilled Longitude: -108.339977

GPS Data:

Date 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.: 1279 feet. Direction: FNL Dist.: 1958 feet. Direction: FEL
Sec: 36 Twp: 5S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1242 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) 09/27/2008 13. Date TD: 10/17/2008 14. Date Casing Set or D&A: 10/19/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6475 TVD** 6313 17 Plug Back Total Depth MD 6399 TVD** 6253

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:

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 | 36.95 | 0 | 144 | | 0 | 124 | CALC |
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 1,041 | 359 | 124 | 1,041 | CALC |
| 1ST | 8+5/8 | 4+1/2 | 11.6 | 0 | 6,445 | 1,078 | 720 | 6,475 | 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 | |
| FORT UNION | | 3,345 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WASATCH G | 2,361 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| OHIO CREEK | 3,345 | 3,704 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 3,704 | 5,934 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO COAL | 5,934 | 6,161 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,161 | 6,317 | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 6,317 | 6,399 | <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: 5/26/2011 Email: jjustus@chevron.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400169260 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400169259 | 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 | | | |
| 400169232 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|--------------------------|
| Permit | CBL AND RMTE ONLY LOGS RUN | 7/29/2011 7:31:39 AM |
| Permit | REQ HARD COPY NEUTRON LOG & RMTE DIGITAL LOG | 7/26/2011 11:53:28 AM |

Total: 2 comment(s)