

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:

400169102

## 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 05-045-16279-00 6. County: GARFIELD  
 7. Well Name: SKR Well Number: 598-36-AV-21  
 8. Location: QtrQtr: SENW Section: 36 Township: 5S Range: 98W Meridian: 6  
 Footage at surface: Distance: 1722 feet Direction: FNL Distance: 2368 feet Direction: FWL  
 As Drilled Latitude: 39.572664 As Drilled Longitude: -108.339964

### 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.: 1537 feet. Direction: FNL Dist.: 1954 feet. Direction: FEL  
 Sec: 36 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 1519 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) 09/28/2008 13. Date TD: 10/14/2008 14. Date Casing Set or D&A: 10/14/2008

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6460 TVD\*\* 6320 17 Plug Back Total Depth MD 6346 TVD\*\* 6260

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	325	0	144	CALC
SURF	12+1/4	8+5/8	24	0	1,035	325	144	1,050	CALC
1ST	7+7/8	4+1/2	11.6	0	6,440	1,068	480	6,460	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	2,341	2,515	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,515	3,304	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,304	3,683	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,683	5,929	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,929	6,149	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,149	6,301	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,301	6,346	<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: 5/25/2011 Email: jjustus@chevron.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400169106	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400169105	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"/>
<b>Other Attachments</b>			
400169102	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 7:30:59 AM
Permit	req hard copy neutron log & rmte digital log	7/26/2011 11:47:17 AM

Total: 2 comment(s)