

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400278253

Date Received:

**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 05-045-16934-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-36-BV-21

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

Footage at surface: Distance: 1331 feet Direction: FSL Distance: 501 feet Direction: FWL

As Drilled Latitude: 39.566560 As Drilled Longitude: -108.346561

## 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.: 128 feet. Direction: FNL Dist.: 671 feet. Direction: FWL

Sec: 4 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 229 feet. Direction: FNL Dist.: 598 feet. Direction: FWL

Sec: 4 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) 12/31/2008 13. Date TD: 02/19/2009 14. Date Casing Set or D&amp;A: 02/20/2009

## 15. Well Classification:

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

16. Total Depth MD 6595 TVD\*\* 6028 17 Plug Back Total Depth MD 6564 TVD\*\* 5997

18. Elevations GR 6035 KB 6060

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:

CBL

## 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	58		0	58	CBL
SURF	12+1/4	8+5/8	24	0	1,037	300	58	1,037	CBL
1ST	7+7/8	4+1/2	11.6	0	6,540	1,030	1,037	6,540	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	2,195	2,395	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,395	3,559	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,559	3,909	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,909	6,207	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,207	6,414	<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: \_\_\_\_\_

Email: jjustus@chevron.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400278263	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400278262	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400278260	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400278261	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)