

FORM  
5Rev  
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:

400276854

Date Received:

04/25/2012

## 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 05-045-16942-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-36-BV-16

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

Footage at surface: Distance: 1355 feet Direction: FSL Distance: 502 feet Direction: FWL

As Drilled Latitude: 39.566627 As Drilled Longitude: -108.346558

## 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.: 682 feet. Direction: FSL Dist.: 2167 feet. Direction: FWL

Sec: 36 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 607 feet. Direction: FSL Dist.: 2084 feet. Direction: FWL

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) 03/30/2009 13. Date TD: 03/23/2009 14. Date Casing Set or D&amp;A: 03/24/2009

## 15. Well Classification:

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

16. Total Depth MD 6560 TVD\*\* 6022 17 Plug Back Total Depth MD 6529 TVD\*\* 5991

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             | 78            |           | 0       | 78      | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 24    | 0             | 1,073         | 272       | 78      | 1,073   | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 6,505         | 1,025     | 720     | 6,505   | 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        | 2,198          | 2,398  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT UNION     | 2,398          | 3,587  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| OHIO CREEK     | 3,587          | 3,919  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| WILLIAMS FORK  | 3,919          | 6,193  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO COAL     | 6,193          | 6,421  | <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: 4/25/2012 Email: jjustus@chevron.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400276875                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400276872                   | 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>    |                       |            |                                     |    |                                     |
| 400276854                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400276865                   | LAS-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400276867                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)