

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:

400271976

Date Received:

04/12/2012

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  
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 05-045-16944-00  
6. County: GARFIELD  
7. Well Name: SKR  
Well Number: 598-36-BV-04  
8. Location: QtrQtr: NWSW Section: 36 Township: 5S Range: 98W Meridian: 6  
Footage at surface: Distance: 1397 feet Direction: FSL Distance: 486 feet Direction: FWL  
As Drilled Latitude: 39.566742 As Drilled Longitude: -108.346616

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.: 1663 feet. Direction: FSL Dist.: 1995 feet. Direction: FWL  
Sec: 36 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 1697 feet. Direction: FSL Dist.: 1969 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) 02/26/2009 13. Date TD: 04/06/2009 14. Date Casing Set or D&A: 04/07/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6460 TVD\*\* 6054 17 Plug Back Total Depth MD 6426 TVD\*\* 6020

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	1,010	273	78	1,010	CALC
1ST	7+7/8	4+1/2	11.6	0	6,457	1,040	950	6,457	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	2,191	2,362	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,362	3,451	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,451	3,797	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,797	6,222	<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: 4/12/2012 Email: jjustus@chevron.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400271980	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400271979	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"/>
<b>Other Attachments</b>			
400271976	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400271977	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400271978	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)