

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



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Document Number:

1708477

Date Received:

04/21/2009

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 U S A INC
3. Address: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583
4. Contact Name: CRAIG MUELOT
Phone: (281) 582-5304
Fax: (713) 752-7278

5. API Number 05-045-15184-00
6. County: GARFIELD
7. Well Name: SKR
Well Number: 598-25-AV-05
8. Location: QtrQtr: NENW Section: 25 Township: 5S Range: 98W Meridian: 6
Footage at surface: Distance: 615 feet Direction: FNL Distance: 1888 feet Direction: FWL
As Drilled Latitude: 39.590190 As Drilled Longitude: -108.341640

GPS Data:

Data of Measurement: 06/09/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: IVAN MARTIN

** If directional footage at Top of Prod. Zone Dist.: 123 feet. Direction: FSL Dist.: 1931 feet. Direction: FEL
Sec: 24 Twp: 5S Rng: 98W

** If directional footage at Bottom Hole Dist.: 93 feet. Direction: FSL Dist.: 1973 feet. Direction: FEL
Sec: 24 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) 03/16/2008 13. Date TD: 04/29/2008 14. Date Casing Set or D&A: 04/30/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6810 TVD** 6392 17 Plug Back Total Depth MD 6747 TVD** 6329

18. Elevations GR 6470 KB 6495

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:

NO OPEN HOLE LOGS RUN. WL RUN CASED HOLE LOGS B4 COMPLTN & PROVIDE WHN AVAIL.

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		0	50		0	50	
SURF	12+1/4	8+5/8		0	1,595	538	0	1,615	
1ST	7+7/8	4+1/2		0	6,769	1,040	775	6,785	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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 G	2,374	2,577	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,577	3,705	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,705	4,078	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,078	6,353	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,353	6,540	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,540	6,724	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,724	6,810	<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: Y _____ Print Name: CRAIG MUELOT _____

Title: REGULATORY SPECIALIST Date: 4/14/2009 Email: CMUELOT@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1828501	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"/>

General Comments

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

Total: 0 comment(s)