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Document Number:
1708467

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

5. API Number 05-045-15183-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 598-25-AV-03
 8. Location: QtrQtr: NENW Section: 25 Township: 5S Range: 98W Meridian: 6
 Footage at surface: Distance: 620 feet Direction: FNL Distance: 1902 feet Direction: FWL
 As Drilled Latitude: 39.590180 As Drilled Longitude: -108.341620

GPS Data:
 Date 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.: 446 feet. Direction: FNL Dist.: 1946 feet. Direction: FEL
 Sec: 25 Twp: 5S Rng: 98W
 ** If directional footage at Bottom Hole Dist.: 477 feet. Direction: FNL Dist.: 1983 feet. Direction: FEL
 Sec: 25 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) 03/13/2008 13. Date TD: 05/04/2008 14. Date Casing Set or D&A: 05/05/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6681 TVD** 6386 17 Plug Back Total Depth MD 6638 TVD** 6343

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 LOG RUN. WILL RUN CASED HOLE LOGS B4 COMPLETION & 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	60		0	60	
SURF	12+1/4	8+5/8		0	1,286	490	0	1,286	
1ST	7+7/8	4+1/2		0	6,662	1,075	615	6,662	CALC

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	2,306	2,496	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,496	3,607	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,607	3,981	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,981	6,252	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,252	6,436	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,436	6,681	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE SUBJECT WELL WAS SHUT-IN AFTER DRILLING, CASING AND CEMENTING OPERATIONS WERE COMPLETED. THE WELL WILL REMAIN SHUT-IN PENDING COMPLETION OPERATIONS AND CONSTRUCTION OF PRODUCTION FACILITIES.

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: 4/13/2009 Email: CMUELOT@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1828512	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

User Group	Comment	Comment Date

Total: 0 comment(s)