

**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:

400499820

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 05-045-22131-00

6. County: GARFIELD

7. Well Name: SKR 598-08-BV

Well Number: 04

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

Footage at surface: Distance: 285 feet Direction: FSL Distance: 2535 feet Direction: FWL

As Drilled Latitude: 39.621644 As Drilled Longitude: -108.414161

GPS Data:

Data of Measurement: 05/22/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 218 feet. Direction: FNL Dist.: 401 feet. Direction: FWL

Sec: 17 Twp: 5S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1184 feet. Direction: FNL Dist.: 912 feet. Direction: FWL

Sec: 17 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) 10/02/2013 13. Date TD: 10/07/2013 14. Date Casing Set or D&A: 10/08/2013

15. Well Classification:

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

16. Total Depth MD 4855 TVD** 3962 17 Plug Back Total Depth MD 4855 TVD** 3962

18. Elevations GR 6549 KB 6562

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:

Hard copies of CBL & RMTE sent by mail.

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	14.875	0	80		0	90	VISU
SURF	12+1/4	8+5/8	24	0	1,012	408	0	1,045	CBL
1ST	7+7/8	4+1/2	11.6	0	4,820	985	0	4,950	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	1,023	2,345	<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G	2,345	2,509	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,509	3,563	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,563	4,038	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,038	4,855	<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>					
400499854	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400499878	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>					
400499859	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400499867	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400500804	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400500806	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)