

FORM
5Rev
09/14

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:

401413423

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

OGCC Operator Number: 16700

Contact Name: ROSE MIZELL

Name of Operator: CHEVRON USA INC

Phone: (970) 257-9092

Address: 100 CHEVRON RD

Fax: (970) 675-3800

City: RANGELY State: CO Zip: 81648

API Number 05-045-11430-00

County: GARFIELD

Well Name: SKINNER RIDGE

Well Number: 698-28-02

Location: QtrQtr: SE SE Section: 28 Township: 6S Range: 98W Meridian: 6

Footage at surface: Distance: 368 feet Direction: FSL Distance: 1238 feet Direction: FEL

As Drilled Latitude: 39.497794 As Drilled Longitude: -108.330692

GPS Data:

Date of Measurement: 04/05/2006 PDOP Reading: 3.2 GPS Instrument Operator's Name: IVAN MARTIN

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: SKINNER RIDGE

Field Number: 77548

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/27/2006 Date TD: 02/20/2006 Date Casing Set or D&A: 02/22/2006

Rig Release Date: 02/22/2006 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5529 TVD** Plug Back Total Depth MD 5415 TVD**

Elevations GR 6028 KB 6040 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Radial Cement Bond 9/19/2017

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+0/4	14+0/4	50	0	68	205	0	68	VISU
SURF	12+1/4	8+5/8	24	0	1,135	690	0	1,135	VISU
1ST	7+7/8	4+1/2	11.6	0	5,529	1,185	2,230	1,185	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/08/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,965	155	1,603	
SQUEEZE	1ST	1,403	340	1,408	

Details of work:

9/8/17 - PUMPED 155 SKS 12.3 PPG CEMNT BLEND AT 2 BPM @ 700 PSI
9/15/17 - PUMPED 340 SKS 15.8 PPG CLASS G AT 2 BPM @ 1300 PSI

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	0	1,625	NO	NO	
OHIO CREEK	2,420	2,829	NO	NO	
WILLIAMS FORK	2,829	4,939	NO	NO	
CAMEO COAL	4,939	5,303	NO	NO	
ROLLINS	5,303	5,480	NO	NO	
COZZETTE	5,480	5,529	NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DIANE PETERSON

Title: PERMIT SPECIALIST Date: _____ Email: DLPE@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401413437	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
401413440	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401413449	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)