

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2511717

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 USA INC Phone: (970) 257-6094
3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6489
City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-16254-00 6. County: GARFIELD
7. Well Name: SKR Well Number: 598-25-CV-03
8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6
Footage at surface: Distance: 301 feet Direction: FSL Distance: 1990 feet Direction: FWL
As Drilled Latitude: 39.578233 As Drilled Longitude: -108.341296

GPS Data:

Data of Measurement: 10/06/2008 PDOP Reading: 3.2 GPS Instrument Operator's Name: IVAN MARTIN

** If directional footage

at Top of Prod. Zone Distance: 156 feet Direction: FSL Distance: 2015 feet Direction: FWL
Sec: 25 Twp: 5S Rng: 98W
at Bottom Hole Distance: 176 feet Direction: FSL Distance: 2027 feet Direction: FWL
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) 08/19/2008 13. Date TD: 12/03/2008 14. Date Casing Set or D&A: 12/04/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6131 TVD 6125 17 Plug Back Total Depth MD 6053 TVD 604718. Elevations GR 6205 KB 6230

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		0	89		0	89	CALC
SURF	12+1/4	8+5/8		0	1,004	215	0	1,024	CALC
1ST	7+7/8	4+1/2		0	6,076	985	1,040	6,106	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	1,930	2,078	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,078	3,062	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,062	3,416	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,416	3,767	<input type="checkbox"/>	<input type="checkbox"/>	UPPER WF 3767-4817', MID WF 4817-5610'
CAMEO COAL	5,610	5,822	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,822	5,984	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,984	6,053	<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: CRAIG MUELOT

Title: REGULATORY SPECIALIST Date: 8/11/2010 Email: CNLB@CHEVRON.COM

Attachment Check List

Att Doc Num	Name
2511717	FORM 5 SUBMITTED
2511718	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	CBL received.	11/18/2010 2:43:37 PM

Total: 1 comment(s)