


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2111071	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    16700 2. Name of Operator:    CHEVRON USA INC 3. Address:    6001 BOLLINGER CANYON RD City:    SAN RAMON    State:    CA    Zip:    94583		4. Contact Name:    JULIE JUSTUS Phone:    (970) 257-6042 Fax:    (970) 245-6489					
5. API Number    05-045-16262-00 7. Well Name:    SKR 8. Location:    QtrQtr:    SESW    Section:    25    Township:    5S    Range:    98W    Meridian:    6 Footage at surface:    Distance:    308    feet    Direction:    FSL    Distance:    1992    feet    Direction:    FWL As Drilled Latitude:    39.578236    As Drilled Longitude:    -108.341308		6. County:    GARFIELD Well Number:    598-25-CV-05					
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    Dist.:    456    feet. Direction:    FSL    Dist.:    669    feet. Direction:    FWL Sec:    25    Twp:    5S    Rng:    98W							
** If directional footage at Bottom Hole    Dist.:    457    feet. Direction:    FSL    Dist.:    645    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)    08/20/2008    13. Date TD:    12/07/2008    14. Date Casing Set or D&A:    12/08/2008							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    6422    TVD**    6112		17 Plug Back Total Depth    MD    6344    TVD**					
18. 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, RMT							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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	79		0	79	CBL
SURF	12+1/4	8+5/8		0	1,292	280	0	1,352	CBL
1ST	7+7/8	4+1/2		0	6,367	980	1,300	6,397	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	2,125	2,296	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,296	3,378	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,378	3,731	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,731	5,918	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,918	6,148	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,148	6,344	<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: JJUSTUS@CHEVRON.COM Date: 3/15/2011 Email: REGULATORY SPECIALIST

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2111072	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2111071	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Directional survey is doc # 1693053. Requested digital RMTE log.	3/22/2011 10:13:29 AM

Total: 1 comment(s)