


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 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: 2111073	DE	ET	OE	ES
DE	ET	OE	ES				
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 <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 05-045-16263-00 7. Well Name: SKR 8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6 Footage at surface: Distance: 304 feet Direction: FSL Distance: 1981 feet Direction: FWL As Drilled Latitude: 39.578222 As Drilled Longitude: -108.341348		6. County: GARFIELD Well Number: 598-25-CV-04					
GPS Data: Data of Measurement: 10/02/2008 PDOP Reading: 3.5 GPS Instrument Operator's Name: IVAN MARTIN							
** If directional footage at Top of Prod. Zone Dist.: 169 feet. Direction: FSL Dist.: 677 feet. Direction: FWL Sec: 25 Twp: 5S Rng: 98W							
** If directional footage at Bottom Hole Dist.: 147 feet. Direction: FSL Dist.: 659 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) 10/01/2008 13. Date TD: 11/22/2008 14. Date Casing Set or D&A: 11/23/2008							
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 6408 TVD** 6114		17 Plug Back Total Depth MD 6330 TVD** 6036					
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 (w/ gamma ray)							
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	VISU
SURF	12+1/4	8+5/8	24	0	1,004	319	0	1,004	VISU
1ST	7+7/8	4+1/2	11.6	0	6,353	1,032	1,146	6,353	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	2,130	2,296	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,296	3,375	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,375	3,716	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,716	5,900	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,900	6,133	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,133	6,330	<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: 3/15/2011 Email: JJUSTUS@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2111074	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>					
2111073	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)