

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



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Document Number:  
400168909

## 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  
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 05-045-16276-00  
6. County: GARFIELD  
7. Well Name: SKR Well Number: 598-36-AV-18  
8. Location: QtrQtr: SEnw Section: 36 Township: 5S Range: 98W Meridian: 6  
Footage at surface: Distance: 1718 feet Direction: FNL Distance: 2351 feet Direction: FWL  
As Drilled Latitude: 39.572673 As Drilled Longitude: -108.340026

GPS Data:

Data of Measurement: 09/30/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: Ivan Martin

\*\* If directional footage

at Top of Prod. Zone Distance: 730 feet Direction: FNL Distance: 1937 feet Direction: FEL  
Sec: 36 Twp: 5S Rng: 98W  
at Bottom Hole Distance: 685 feet Direction: FNL Distance: 1963 feet Direction: FEL  
Sec: 36 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) 09/24/2008 13. Date TD: 10/24/2008 14. Date Casing Set or D&A: 10/25/2008

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5243 TVD 4930 17 Plug Back Total Depth MD 5138 TVD 4784

18. Elevations GR 6342 KB 6367 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:

ACBL, RMTE, NEU

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	36.95	0	124		0	124	CBL
SURF	12+1/4	8+5/8	24	0	1,360	399	124	1,360	CBL
2ND	7+7/8	4+1/2	11.6	0	5,188	983	1,360	5,243	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	2,245	2,434	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,434	3,499	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,499	3,860	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,860	5,140	<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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400168927	LAS-CEMENT BOND
400168941	DIRECTIONAL SURVEY
400168942	CEMENT JOB SUMMARY
400168943	CEMENT JOB SUMMARY

Total Attach: 4 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)