

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:

1634719

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: JULIE JUSTUS
 2. Name of Operator: CHEVRON USA INC Phone: (970) 257-6042
 3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6489
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-16259-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 598-25-CV-11
 8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6
 Footage at surface: Distance: 330 feet Direction: FSL Distance: 1998 feet Direction: FWL
 As Drilled Latitude: 39.578294 As Drilled Longitude: -108.341286

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.: 650 feet. Direction: FSL Dist.: 1923 feet. Direction: FEL
 Sec: 25 Twp: 5S Rng: 98W
 ** If directional footage at Bottom Hole Dist.: 702 feet. Direction: FSL Dist.: 1975 feet. Direction: FEL
 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) 08/26/2008 13. Date TD: 09/23/2008 14. Date Casing Set or D&A: 09/24/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6430 TVD** 6099 17 Plug Back Total Depth MD 6359 TVD** 6028

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	89		0	89	CALC
SURF	12+1/4	8+5/8		0	1,265	260	0	1,319	CALC
1ST	7+7/8	4+1/2		0	6,382	1,007	1,310	6,382	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	2,070	2,259	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,259	3,359	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,359	3,727	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,727	5,921	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,921	6,166	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,166	6,359	<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: 3/16/2011 Email: JJUSTUS@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1634720	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>			
1634719	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)