

**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



DE ET OE ES

Document Number:

2511743

**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 05-045-16249-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-25-CV-16

8. Location: QtrQtr: SESW Section: 25 Township: 5S Range: 98W Meridian: 6

Footage at surface: Distance: 347 feet Direction: FSL Distance: 1993 feet Direction: FWL

As Drilled Latitude: 39.578342 As Drilled Longitude: -108.341306

## 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.: 697 feet. Direction: FSL Dist.: 1959 feet. Direction: FWL

Sec: 25 Twp: 5S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 730 feet. Direction: FSL Dist.: 1974 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) 10/09/2008 13. Date TD: 10/30/2008 14. Date Casing Set or D&amp;A: 10/31/2008

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6097 TVD\*\* 6076 17 Plug Back Total Depth MD 6020 TVD\*\* 5999

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

## 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	79		0	79	CALC
SURF	12+1/4	8+5/8		0	1,001	320	0	1,025	CALC
1ST	7+7/8	4+1/2		0	6,040	1,047	221	6,073	CALC

**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	1,921	2,095	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,095	3,074	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,074	3,431	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,431	3,785	<input type="checkbox"/>	<input type="checkbox"/>	UPPER WF 3431-3785', MID WF 4818-5612'
CAMEO COAL	5,612	5,851	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,851	6,020	<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	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2511743	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec'd Acoustic CBL 1/4/2011 Doc 1907532 & Acoustitic CBL on 3/23/11 Doc 1291435.	7/22/2011 4:07:05 PM
Permit	On hold. Requested cement summary on surface pipe, any logs after CBL and Form 5A.	11/18/2010 2:22:45 PM

Total: 2 comment(s)