

FORM
5Rev
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:

400253996

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 05-045-17301-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 698-09-AV-06

8. Location: QtrQtr: SENE Section: 9 Township: 6S Range: 98W Meridian: 6

Footage at surface: Distance: 1359 feet Direction: FNL Distance: 1017 feet Direction: FEL

As Drilled Latitude: 39.550981 As Drilled Longitude: -108.329809

GPS Data:

Data of Measurement: 12/10/2008 PDOP Reading: 3.1 GPS Instrument Operator's Name: Ivan Martin

** If directional footage at Top of Prod. Zone Dist.: 1507 feet. Direction: FNL Dist.: 674 feet. Direction: FEL

Sec: 9 Twp: 6S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1583 feet. Direction: FNL Dist.: 705 feet. Direction: FEL

Sec: 9 Twp: 6S 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) 05/16/2009 13. Date TD: 05/19/2009 14. Date Casing Set or D&A: 05/20/2009

15. Well Classification:

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

16. Total Depth MD 6191 TVD** 6162 17 Plug Back Total Depth MD 6121 TVD** 6093

18. Elevations GR 5923 KB 5948

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 | 36.95 | 0 | 58 | | 0 | 58 | CALC |
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 990 | 217 | 0 | 1,005 | CBL |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 6,142 | 970 | 202 | 6,165 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

Details of work:

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 | 1,910 | 2,032 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 2,032 | 3,029 | <input type="checkbox"/> | <input type="checkbox"/> | |
| OHIO CREEK | 3,029 | 3,371 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 3,371 | 5,703 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO COAL | 5,703 | 5,922 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 5,922 | 6,078 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Paper CBL mailed 02/22/2012

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400253999 | 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400253997 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400253998 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)