

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:

400272189

Date Received:

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 05-045-16967-00

6. County: GARFIELD

7. Well Name: SKR

Well Number: 598-36-BV-08

8. Location: QtrQtr: NWSW Section: 36 Township: 5S Range: 98W Meridian: 6

Footage at surface: Distance: 1383 feet Direction: FSL Distance: 491 feet Direction: FEL

As Drilled Latitude: 39.566704 As Drilled Longitude: -108.346596

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 1393 feet. Direction: FSL Dist.: 2581 feet. Direction: FEL

Sec: 36 Twp: 5S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1417 feet. Direction: FSL Dist.: 408 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) 02/25/2009 13. Date TD: 04/10/2009 14. Date Casing Set or D&A: 04/12/2009

15. Well Classification:

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

16. Total Depth MD 7455 TVD** 5902 17 Plug Back Total Depth MD 7427 TVD** 5874

18. Elevations GR 6035 KB 6060

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:

Hard Copy and Digital Logs were submitted with Preliminary Drilling Completion Report (2009)

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	78		0	78	CBL
SURF	12+1/4	8+5/8	24	0	1,397	260	0	1,418	CBL
1ST	7+7/8	4+1/2	11.6	0	7,428	1,140	682	7,455	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	2,307	2,527	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,527	3,728	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,728	4,193	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,193	7,220	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	7,220	7,332	<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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400272202	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400272199	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400272198	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)