

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

DRILLING COMPLETION REPORT

Document Number:

400101833

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: 28700 4. Contact Name: Beatrice Sabala
2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-2685
3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11181-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK Well Number: 197-36A2
8. Location: QtrQtr: NESW Section: 36 Township: 1S Range: 97W Meridian: 6
Footage at surface: Direction: FSL Distance: 1873 Direction: FWL Distance: 2652
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COC053141

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2010 13. Date TD: 09/17/2010 14. Date Casing Set or D&A: 09/19/2010

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

16. Total Depth MD 4200 TVD 4079 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 7084 KB 7114 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:

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| CONDUCTOR | 26 | 16 | 84.00 | 120 | 96 | 120 | 0 |
| SURF | 14+3/4 | 10+3/4 | 45.50 | 4,186 | 1,125 | 4,200 | 1,602 |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | SURF | 1,602 | 840 | 0 | 1,602 |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Beatrice Sabala

Title: Technical Assistant Date: _____ Email: beatrice.sabala@exxonmobil.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 | Doc Description |
|-------------|------|--|
| 400101841 | | PCU 197-36A2_Surface Cement PJS_1010.pdf |

Total Attach: 1 Files