

**FORM
5**Rev
02/08State 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:

400101833

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: 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 ☐ Observation16. 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