

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



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DRILLING COMPLETION REPORT

Document Number:

400121739

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 05-103-11245-00 6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-5A4  
8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6  
Footage at surface: Distance: 734 feet Direction: FNL Distance: 554 feet Direction: FWL  
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: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
11. Federal, Indian or State Lease Number: D038242

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2009 13. Date TD: 12/08/2010 14. Date Casing Set or D&A: 12/10/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 13740 TVD 13635 17 Plug Back Total Depth MD 13635 TVD 13530

18. Elevations GR 7296 KB 7309

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 Top	Cement Bot	Status
CONDUCTOR	26	16	75.00	120	500	0	120	CALC
SURF	14+3/4	10+3/4	45.50	4,672	1,260	1,724	4,687	CALC
1ST	9+7/8	7	26.00	9,975	1,335	5,983	9,987	CALC
2ND	6+1/8	4+1/2	15.10	13,725	865	7,352	13,740	CALC

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	1,730	970	0	1,730

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Staged multi-well pad; logs & surveys run when all wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadlines.

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

Signed: \_\_\_\_\_ Print Name: Beatrice

Title: Sabala 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
400121743	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)