

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:

2555321

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: JACKIE DAVIS
2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-1913
3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11370-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 297-11B9
8. Location: QtrQtr: SESE Section: 11 Township: 2S Range: 97W Meridian: 6
Footage at surface: Distance: 406 feet Direction: FSL Distance: 474 feet Direction: FEL
As Drilled Latitude: 39.885381 As Drilled Longitude: -108.240029

GPS Data:

Data of Measurement: 01/14/2010 PDOP Reading: 3.1 GPS Instrument Operator's Name: S. V.

** If directional footage

at Top of Prod. Zone Distance: 587 feet Direction: FSL Distance: 2151 feet Direction: FEL
Sec: 11 Twp: 2S Rng: 97W
at Bottom Hole Distance: 481 feet Direction: FSL Distance: 2091 feet Direction: FEL
Sec: 11 Twp: 2S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COD052141

12. Spud Date: (when the 1st bit hit the dirt) 04/15/2009 13. Date TD: 12/20/2009 14. Date Casing Set or D&A: 12/23/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12609 TVD 12258 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 7131 KB 7144

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:

IMAGING BEHIND CSG, CORRELATION,MUD (5), DIRECTIONAL SURVEY, RESERVOIR PERFORMANCE MONITOR, RADIAL ANALYSIS BOND, RESERVOIR PERFORMANCE MONITOR GASVIEW SATURATION ANALYSIS

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		0	120	96	0	120	VISU
SURF	14+3/4	10+3/4	45.5	0	3,942	1,135	1,316	3,942	CALC
1ST	9+7/8	7	26	0	8,964	1,275	3,569	8,964	CALC
2ND	6+1/8	4+1/2	15.1	0	12,492	920	9,790	12,492	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

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

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	5,709	5,972	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,972	7,497	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,497	7,746	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,746	11,696	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,696	11,852	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,852	12,180	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,180	12,609	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

REVISED TO SHOW CORRECTED FORMATION TOPS AND BOTTOMS.

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

Signed: _____ Print Name: JACKIE DAVIS

Title: SUPPORT STAFF TECHNICAL A Date: 6/4/2010 Email: JACKIE.P.DAVIS@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: David S. Nashin Director of COGCC Date: 2/8/2011

Attachment Check List

Att Doc Num	Name
2555321	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	DIR SURVEY ATTACHED TO 1666592 AND CEMENT VERIFICATION ATTACHED TO 1666593.	11/5/2010 10:20:18 AM

Total: 1 comment(s)