

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:

2511129

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) 6542685
3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 6541940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11477-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-6A6
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 472 feet Direction: FSL Distance: 1935 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: COD035679

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2010 13. Date TD: 06/26/2010 14. Date Casing Set or D&A: 06/29/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 14030 TVD 13745 17 Plug Back Total Depth MD 13926 TVD 13641

18. Elevations GR 7366 KB 7393

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 | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 16 | | 0 | 120 | 96 | 0 | 120 | CALC |
| SURF | 14+3/4 | 10+3/4 | | 1684 | 4,552 | 1,310 | 1,684 | 4,562 | CALC |
| 1ST | 9+7/8 | 7 | | 0 | 9,818 | 1,295 | 4,052 | 9,824 | CALC |
| 2ND | 6+1/8 | 4+1/3 | | 0 | 14,015 | 735 | 7,228 | 14,030 | 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 | 1,684 | 923 | 0 | 1,684 |

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 | |
| CORCORAN | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| OHIO CREEK | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| WABAUNSEE | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK - CAMEO | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

STAGED MULTI-WELL PAD: LOGS & SURVERYS RUN WHEN ALL WELLS DRILLED. UPON RECEIPT, LOGS, LOG COPIES AND FINAL FORM 5 WILL BE FILED WITHING 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 SABALA

Title: TECHNICAL ASST. Date: 7/27/2010 Email: BEATRICE.SABALA@EXXONMOBIL.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2511129 | FORM 5 SUBMITTED |
| 2511130 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)