

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:

400141586

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 05-103-11329-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: T25X-25G1
8. Location: QtrQtr: NWSW Section: 25 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 2008 feet Direction: FSL Distance: 882 feet Direction: FWL
As Drilled Latitude: 39.933655 As Drilled Longitude: -108.235519

GPS Data:

Data of Measurement: 12/14/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: D Petty

** If directional footage at Top of Prod. Zone Dist.: 2281 feet. Direction: FSL Dist.: 1287 feet. Direction: FWL
Sec: 25 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1942 feet. Direction: FSL Dist.: 963 feet. Direction: FWL
Sec: 25 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800

11. Federal, Indian or State Lease Number: COD035710

12. Spud Date: (when the 1st bit hit the dirt) 10/17/2009 13. Date TD: 11/19/2009 14. Date Casing Set or D&A: 11/26/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13710 TVD** 13667 17 Plug Back Total Depth MD 13671 TVD** 13609

18. Elevations GR 6874 KB 6901

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:

Mud Logs, Array Induction, Hole Volume, Comp. Photo Density, Temperature Log, Compact Triple Combo, Comp. Sonic, Correleation Print, Imaging Behind Casing

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	45.50	1544	4,318	1,265	1,544	4,344	CALC
1ST	9+7/8	7+5/8	29.70	0	9,599	1,125	3,818	9,600	CALC
2ND	6+1/8	4+1/2	15.10	0	13,675	965	7,217	13,710	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	1,544	785	0	1,544

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	6,100	7,982	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,982	8,270	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,270	12,395	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,395	12,550	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,550	12,895	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,895	13,710	<input type="checkbox"/>	<input type="checkbox"/>	

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141590	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)