

FORM
5Rev
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:

400159692

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 05-103-11475-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-6A1
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 446 feet Direction: FSL Distance: 1931 feet Direction: FWL
As Drilled Latitude: 39.899997 As Drilled Longitude: -108.212052

GPS Data:

Data of Measurement: 12/11/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Q. Miller

** If directional footage

at Top of Prod. Zone Distance: 315 feet Direction: FNL Distance: 2796 feet Direction: FWL
Sec: 7 Twp: 2S Rng: 96W
at Bottom Hole Distance: 654 feet Direction: FNL Distance: 2667 feet Direction: FWL
Sec: 7 Twp: 2S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COD052131

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2010 13. Date TD: 11/15/2010 14. Date Casing Set or D&A: 11/19/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 13822 TVD 13675 17 Plug Back Total Depth MD 13725 TVD 1356618. Elevations GR 7393 KB 7366

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:

Directional Survey, Mud Logs, Reservoir Performance Monitor Gasview Saturation Analysis,
Reservoir Performance Monitor, Radial Analysis Bond Log, Correlation Print Gamma Ray,
Imaging Behind Casing Ultrasonic Tool CCL / Gamma Ray, TeleScope - Gamma Ray TVD 1 in,
TeleScope - Gamma Ray MD 5 in, TeleScope - Gamma Ray TVD 5 in, TeleScope - Gamma Ray MD, 1 in, PERFORM - Drilling
Mechanics,

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	75.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1614	4,434	1,215	1,614	4,444	CALC
1ST	9+7/8	7	26.00	0	9,654	1,305	3,931	9,667	CALC
2ND	6+1/8	4+1/2	15.10	0	13,812	940	7,012	13,822	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	1,614	800	0	1,614

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	6,521	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,521	8,012	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,012	8,222	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,222	12,438	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,438	12,598	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,598	12,952	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,952	13,822	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard Copy of Electronic Logs will be overnigheted.

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 Assitatan 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
400159756	CEMENT JOB SUMMARY
400159757	CEMENT JOB SUMMARY
400159759	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)