

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:

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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 05-103-11477-00 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: 39.900068 As Drilled Longitude: -108.212038

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: 165 feet Direction: FSL Distance: 1563 feet Direction: FEL
Sec: 6 Twp: 2S Rng: 96W
at Bottom Hole Distance: 144 feet Direction: FNL Distance: 1743 feet Direction: FEL
Sec: 7 Twp: 2S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 6880011. Federal, Indian or State Lease Number: COD03567912. 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 ☐ Observation16. Total Depth MD 14030 TVD 13745 17 Plug Back Total Depth MD 13926 TVD 1363118. 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:

Reservoir Performance Monitor Gasview Saturation Analysis, Radial Analysis Bond Log, Reservoir Performance Monitor, PERFORM - Drilling Mechanics, Imaging Behind Casing Gamma Ray CCLU, Correlation Log Gamma Ray CCLU, Mud Logs, Directional Survey

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	1684	4,552	1,310	1,684	4,562	CALC
1ST	9+7/8	7	26.00	0	9,818	1,295	4,052	9,824	CALC
2ND	6+1/8	4+1/2	15.10	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	
WASATCH G	6,283	6,696	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,696	8,227	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,227	8,446	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,446	12,649	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,649	12,814	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,814	13,156	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,156	14,030	<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

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

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)