

<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400115677</div>				
<p>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.</p>							
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>28700</u>		4. Contact Name: <u>Beatrice Sabala</u>					
2. Name of Operator: <u>EXXON MOBIL OIL CORPORATION</u>		Phone: <u>(281) 654-2685</u>					
3. Address: <u>P O BOX 4358 WGR RM 310</u>		Fax: <u>(281) 1940</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77210-43</u>					
5. API Number <u>05-103-11245-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>PICEANCE CREEK UNIT</u>		Well Number: <u>296-5A4</u>					
8. Location:    QtrQtr: <u>NWNW</u> Section: <u>5</u> Township: <u>2S</u> Range: <u>96W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>734</u> feet    Direction: <u>FNL</u> Distance: <u>554</u> feet    Direction: <u>FWL</u>							
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    Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____							
Sec:    _____    Twp:    _____    Rng:    _____							
** If directional footage at Bottom Hole    Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____							
Sec:    _____    Twp:    _____    Rng:    _____							
9. Field Name: <u>PICEANCE CREEK</u>		10. Field Number: <u>68800</u>					
11. Federal, Indian or State Lease Number: <u>D038242</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/09/2009</u> 13. Date TD: <u>11/07/2010</u> 14. Date Casing Set or D&A: <u>11/09/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>10004</u> TVD** <u>9900</u>		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR <u>7296</u> KB <u>7309</u>		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:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	505	0	120	CALC
SURF	14+3/4	10+3/4	45.50	0	4,672	1,260	1,724	4,687	CALC
1ST	9+7/8	7	26.00	0	9,975	1,335	5,983	9,987	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	1,730	970	0	1,730

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	
			<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: 12/10/2010 Email: beatrice.sabala@exxonmobil.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400115682	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400115677	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Engineer	Preliminary form 5, no CBL yet.	5/9/2011 9:38:12 AM

Total: 1 comment(s)