

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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Document Number:
400147860

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 05-103-11243-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 296-5A7
 8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6
 Footage at surface: Distance: 707 feet Direction: FNL Distance: 533 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 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: PICEANCE CREEK 10. Field Number: 68800
 11. Federal, Indian or State Lease Number: COD035679

12. Spud Date: (when the 1st bit hit the dirt) 11/25/2009 13. Date TD: 12/25/2011 14. Date Casing Set or D&A: 02/27/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9894 TVD** 9794 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 7294 KB 7307 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	15.124	0	120	525	0	120	CALC
SURF	14+3/4	10+3/4	9.950	0	4,649	1,250	1,700	4,649	CALC
1ST	9+7/8	7	6.276	0	9,861	1,460	3,122	9,894	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	1,700	970	0	1,700

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:

Staged multi-well pad; logs & surveys run when all well drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadline.

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: 3/29/2011 Email: beatrice.sabala@exxonmobil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400147884	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>			
400147860	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Received corrected surface casing top, 7/13/11, preliminary form 5.	7/13/2011 10:11:49 AM
Engineer	Emailed Beatrice, 7/13/11, to get corrected information on Plug Back Total Depth, and casing data changed.	7/13/2011 9:04:32 AM

Total: 2 comment(s)