

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:
400149845

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
2. Name of Operator: EXXON MOBIL OIL CORPORATION
3. Address: P O BOX 4358 WGR RM 310
City: HOUSTON State: TX Zip: 77210-
4. Contact Name: Beatrice Sabala
Phone: (281) 654-2685
Fax: (281) 654-1940

5. API Number 05-103-11482-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 296-6A7
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 479 feet Direction: FSL Distance: 1922 feet Direction: FWL
As Drilled Latitude: 39.900085 As Drilled Longitude: -108.212088

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

** If directional footage at Top of Prod. Zone Dist.: 453 feet. Direction: FSL Dist.: 2313 feet. Direction: FWL
Sec: 6 Twp: 2S Rng: 96W

** If directional footage at Bottom Hole Dist.: 91 feet. Direction: FSL Dist.: 2116 feet. Direction: FWL
Sec: 6 Twp: 2S Rng: 96W

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) 12/07/2009 13. Date TD: 01/13/2010 14. Date Casing Set or D&A: 01/18/2010

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

16. Total Depth MD 13725 TVD** 13686 17 Plug Back Total Depth MD 13609 TVD** 13554

18. Elevations GR 7365 KB 7392
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:
Radial Analysis Bond Log, Reservoir Performance Monitor, Compact Drop Off Compensated Photo Density Compensated dual Neutron Log, Compact Drop Off Hole Volume Log, Compact Drop Off LQC Log, Compact Drop Off Array Induction Shallow Focused Log, PERFORM - Drilling Mechanics, Compact Drop Off Compensated Sonic Log, Correlation Log CCL/Gamma Ray, Imaging Behndig Casing Ultrasonic Tool CCL/Gamma Ray, Reservoir Performance Monitor Gasview Saturation Analysis, Mud Logs, Directiona 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	1596	4,511	1,245	1,596	4,528	CALC
1ST	9+7/8	7	26.00	0	9,522	1,275	4,010	9,522	CALC
2ND	6+1/8	4+1/2	15.10	0	13,702	1,015	8,950	13,725	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	1,596	825	0	1,596

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	6,024	6,443	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,443	7,957	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,957	8,173	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,173	12,380	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,380	12,543	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,543	12,885	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,885	13,725	<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 Sabla

Title: Technical Assistant Date: 5/4/2011 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"/>
2072493	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400149845	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)