

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:

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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: Jackie Davis
 2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-1913
 3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11240-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 296-5A6
 8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6
 Footage at surface: Distance: 692 feet Direction: FNL Distance: 536 feet Direction: FWL
 As Drilled Latitude: 39.912044 As Drilled Longitude: -108.198658

GPS Data:
 Data of Measurement: 05/23/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: C.D.S.

** If directional footage
 at Top of Prod. Zone Distance: 618 feet Direction: FSL Distance: 999 feet Direction: FEL
 Sec: 31 Twp: 1S Rng: 96W
 at Bottom Hole Distance: 265 feet Direction: FSL Distance: 1186 feet Direction: FEL
 Sec: 31 Twp: 1S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
 11. Federal, Indian or State Lease Number: D038242

12. Spud Date: (when the 1st bit hit the dirt) 11/19/2009 13. Date TD: 03/22/2011 14. Date Casing Set or D&A: 03/25/2011

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

16. Total Depth MD 13983 TVD 13648 17 Plug Back Total Depth MD 13903 TVD 13568

18. Elevations GR 7296 KB 7309 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:
Mud, Directional Survey, Radial Analysis Bond, Reservoir Performance Monitor, Reservoir Performance Monitor Gasview Saturation Analysis, (2)Imaging Behind Casing Ultrasonic Tool Gamma Ray-CCLU

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	510	0	120	CALC
SURF	14+3/4	10+3/4	45.50	0	4,853	1,250	1,750	4,868	CALC
1ST	9+7/8	7	26.00	0	10,554	1,435	4,353	10,569	CALC
2ND	6+1/8	4+1/2	15.10	0	13,968	754	7,617	13,983	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	1,750	1,290	0	1,750

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	6,654	7,083	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	7,083	8,634	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,634	8,870	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,870	13,150	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	13,150	13,300	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	13,300	13,640	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,640	13,983	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and directional survey will be sent overnight to the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jackie Davis

Title: Support Staff Tech Asst

Date: _____

Email: jackie.p.davis@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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)