

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

Document Number:
400202328

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
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: Jackie Davis
Phone: (281) 654-1913
Fax: (281) 654-1940

5. API Number 05-103-11239-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 296-5A10
8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 751 feet Direction: FNL Distance: 526 feet Direction: FWL
As Drilled Latitude: 39.911882 As Drilled Longitude: -108.198693

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: 1061 feet Direction: FNL Distance: 135 feet Direction: FWL
Sec: 5 Twp: 2S Rng: 96W
at Bottom Hole Distance: 1549 feet Direction: FNL Distance: 210 feet Direction: FEL
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) 12/09/2009
13. Date TD: 04/26/2011
14. Date Casing Set or D&A: 04/29/2011

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

16. Total Depth MD 14122 TVD 14079
17 Plug Back Total Depth MD 14018 TVD 13975

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, Correlation Gamma Ray - CCLU, Imaging Behind Casing Ultrasonic Tool Gamma Ray - CCLU, Reservoir Performance Monitor Gasview Saturation Analysis, Radial Analysis Bond, Reservoir Performance Monitor.

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	515	0	120	CALC
SURF	14+3/4	10+3/4	45.50	0	4,632	1,240	1,734	4,647	CALC
1ST	9+7/8	7	15.10	0	9,866	1,405	4,132	9,818	CALC
2ND	6+1/8	4+1/2	15.10	0	14,107	960	8,286	14,122	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	1,734	990	0	1,734

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	6,110	6,530	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,530	8,260	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,260	8,500	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,500	12,750	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,750	12,915	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,915	13,255	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,255	14,122	<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)