

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:

400202736

## 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 05-103-11533-00 6. County: RIO BLANCO  
 7. Well Name: Piceance Creek Unit Well Number: 296-6B10  
 8. Location: QtrQtr: NWSE Section: 6 Township: 2S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2365 feet Direction: FSL Distance: 1308 feet Direction: FEL  
 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: COD-035679

12. Spud Date: (when the 1st bit hit the dirt) 07/31/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&A: 08/06/2011

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 4407 TVD\*\* 4223 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 7361 KB 7387 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:

### 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 | 0             | 4,386         | 1,175     | 1,660   | 4,386   | 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   | 1,660                             | 850           | 0          | 1,660         |

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 wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadlines.

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: 9/6/2011 Email: jackie.p.davis@exxonmobil.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400202781                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400202736                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)