

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:

400222228

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 05-103-11482-00 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:

Data 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.: 456 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 7366 KB 7393 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, Reservoir Performance Monitor, Compact Drop Off (Compensated Photo Density/Dual Neutron, Hole Volume, LQC, Array Induction Shallow Focused, Compensated Sonic), Perform-Drilling Mechanics, Correlation Log CCL/Gamma Ray, Imaging Behind Casing Ultrasonic Tool CCL/Gamma Ray, Reservoir Performance Monitor Gasview Saturation Analysis, Mud, Directional 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	6,957	13,725	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,596	825	0	1,596

Details of work:

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	8,213	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,213	12,335	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,335	12,503	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,503	12,863	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,863	13,725	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being resubmitted to show corrected formation tops and bottoms.

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 Assist Date: _____ Email: jackie.p.davis@exxonmobil.com

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)