

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1693120

Date Received:

05/26/2009

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 CORP-MI-201 Fax: (281) 654-1940  
 City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-10826-00 6. County: RIO BLANCO  
 7. Well Name: PICEANCE CREEK UNIT Well Number: 296-7A6  
 8. Location: QtrQtr: SENE Section: 7 Township: 2S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1994 feet Direction: FNL Distance: 863 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.: 2008 feet. Direction: FNL Dist.: 1398 feet. Direction: FEL  
Sec: 7 Twp: 2S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2423 feet. Direction: FNL Dist.: 1614 feet. Direction: FEL  
Sec: 7 Twp: 2S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
 11. Federal, Indian or State Lease Number: COD-052129

12. Spud Date: (when the 1st bit hit the dirt) 06/22/2008 13. Date TD: 07/21/2008 14. Date Casing Set or D&A: 07/25/2008

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

16. Total Depth MD 13755 TVD\*\* 13680 17 Plug Back Total Depth MD 13650 TVD\*\* 13575

18. Elevations GR 7428 KB 7455 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:  
MUDLOG; ISO SCANNNER; ULTRASONIC IMAGING TOOL; DRILLING MECH; RADIAL BOND; RESV 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	68	0	120	221	0	120	CALC
SURF	14+3/4	10+3/4	45.5	0	4,319	1,145	1,592	4,319	CALC
1ST	9+7/8	7	26	0	9,507	635	6,382	9,507	CBL
S.C. 1.1					6,382	660	3,450	6,382	CBL
2ND	6+1/8	4+1/2	15.1	0	13,736	593	7,018	13,736	CBL
S.C. 2.2					1,592	1,180	0	1,592	CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	6,010	7,929	<input type="checkbox"/>	<input type="checkbox"/>	L
OHIO CREEK	7,929	8,143	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,143	12,359	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,359	12,529	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,529	12,804	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,804	13,755	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

"AS DRILLED" GPS DATA AND DIRECTIONAL FOOTAGES WILL BE PROVIDED AS SOON AS RECEIVED BACK FROM OUR SURVEYING GROUP.

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

Signed: Y

Print Name: JACKIE DAVIS

Title: SUPPORT STAFF TECH ASSIST

Date: 1/27/2009

Email: JACKIE.P.DAVIS@EXXONMOBIL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1693121	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"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)