

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:

2033976

Date Received:

04/01/2008

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: KIM TRAYLOR
 2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-1927
 3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-10733-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 297-10A3
 8. Location: QtrQtr: SESE Section: 10 Township: 2S Range: 97W Meridian: 6
 Footage at surface: Distance: 248 feet Direction: FSL Distance: 1306 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: 035679

12. Spud Date: (when the 1st bit hit the dirt) 01/22/2007 13. Date TD: 11/18/2007 14. Date Casing Set or D&A: 02/27/2007

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

16. Total Depth MD 12610 TVD** 12292 17 Plug Back Total Depth MD 12488 TVD** 12329

18. Elevations GR 6793 KB 6798 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 LOGS, CBL, RESISTIVITY, DENSITY NEUTRON, CORRELATION LOG

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	20		0	102	270	0	102	CALC
SURF	14+3/4	10+3/4		0	2,186	665	0	2,186	CALC
1ST	14+3/4	10+3/4		0		1,095	2,186	3,547	CALC
2ND	9+7/8	7		0	3,050	650	3,050	5,986	CALC
3RD	9+7/8	7		0		781	5,986	8,470	CALC
1ST LINER	6+1/8	4+1/2		0		978	5,200	12,610	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	5,288	7,098	<input type="checkbox"/>	<input type="checkbox"/>	CORRECTED & FINAL FORM 5 FOR THIS WELL:
OHIO CREEK	7,098	7,964	<input type="checkbox"/>	<input type="checkbox"/>	CONDUCTOR HOLE & PIPE SIZE ARE CORRECTED.
WILLIAMS FORK - CAMEO	7,964	11,340	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,340	11,530	<input type="checkbox"/>	<input type="checkbox"/>	(SEE OGCC COMMENTS ON NEXT PAGE FOR INFO RE:
COZZETTE	11,530	11,830	<input type="checkbox"/>	<input type="checkbox"/>	CASING, LINER & CEMENT.)
CORCORAN	11,830	12,610	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y _____ Print Name: KIM TRAYLOR

Title: REGULATORY TECH ASST. Date: 4/10/2008 Email: KIMBERLEE.TRAYLOR@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"/>
	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"/>

General Comments

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

Total: 0 comment(s)