

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

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Date Received:

04/11/2008

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 05-103-10736-01

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 297-10A4

8. Location: QtrQtr: SESE Section: 10 Township: 2S Range: 97W Meridian: 6

Footage at surface: Distance: 218 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: 035679

12. Spud Date: (when the 1st bit hit the dirt) 12/11/2006 13. Date TD: 12/19/2007 14. Date Casing Set or D&A: 11/30/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12667 TVD** 12402 17 Plug Back Total Depth MD 12539 TVD** 12274

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:

DIRECTIONAL SURVEY, MUD LOGS, CBL, PERFORM-AWPD

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		270	0	80	CALC
SURF	14+3/4	10+3/4		0	1,683	695	0	1,683	CALC
1ST	14+3/4	10+3/4		1683		950	1,683	3,510	CALC
2ND	9+7/8	7		2978		674	2,978	5,455	CALC
3RD	9+7/8	7		2978	5,455	798	5,455	8,493	CALC
1ST LINER	6+1/8	4+1/2		5178		990	5,178	12,645	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	5,432	7,182	<input type="checkbox"/>	<input type="checkbox"/>	CORRECTED & FINAL FORM 5 FOR THIS WELL: DEPTHS FOR
OHIO CREEK	7,182	7,402	<input type="checkbox"/>	<input type="checkbox"/>	THE 10 3/4" CASING HAVE BEEN CORRECTED & CONDUCTOR
WILLIAMS FORK - CAMEO	7,402	11,412	<input type="checkbox"/>	<input type="checkbox"/>	HOLE & PIPE SIZE ARE CORRECTED.
ROLLINS	11,412	11,605	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,605	11,902	<input type="checkbox"/>	<input type="checkbox"/>	SEE OGCC COMMENTS (NEXT PAGE) FOR INFO ON CASING,
CORCORAN	11,902	12,667	<input type="checkbox"/>	<input type="checkbox"/>	LINER & CEMENT.

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

User Group

Comment

Comment Date

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Total: 0 comment(s)