

FORM
5Rev
02/20**State of Colorado****Energy & Carbon Management Commission**

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Document Number:

2033980

Date Received:

04/11/2008

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☐ Preliminary completion

ECMC Operator Number: 28700

Contact Name: KIM TRAYLOR

Name of Operator: EXXON MOBIL OIL CORPORATION

Phone: (281) 654-1927

Address: P O BOX 4358 WGR RM 310

Fax: (281) 654-1940

City: HOUSTON State: TX Zip: 77210-

Email:

API Number 05-103-10736-01

County: RIO BLANCO

Well Name: PICEANCE CREEK UNIT

Well Number: 297-10A4

Location: QtrQtr: SESE Section: 10 Township: 2S Range: 97W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 218 feet Direction: FSL Distance: 1308 feet Direction: FEL

As Drilled Latitude: 39.884661 As Drilled Longitude: -108.262428

GPS Data: GPS Quality Value: 2.4 Type of GPS Quality Value: PDOP Date of Measurement: 08/08/2008

GPS Instrument Operator's Name: Unintah Engr.

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 97 feet Direction: FSL Dist: 293 feet Direction: FWL
Sec: 11 Twp: 2S Rng: 97W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 9 feet Direction: FSL Dist: 247 feet Direction: FWL
Sec: 11 Twp: 2S Rng: 97W

Field Name: PICEANCE CREEK

Field Number: 68800

Federal, Indian or State Lease Number: 035679

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

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12667 TVD** 12402 Plug Back Total Depth MD 12539 TVD** 12274

Elevations GR 6793 KB 6798

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

DIRECTIONAL SURVEY, MUD LOGS, CBL, PERFORM-AWPD

CASING, LINER AND CEMENT

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	3,510	950	1,683	3,510	CALC
2ND	9+7/8	7		0	2,978	674		2,978	CALC
3RD	9+7/8	7		2978	8,493	798	5,455	8,493	CALC
1ST LINER	6+1/8	4+1/2		5178	12,645	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to ECMC)
	Top	Bottom	DST	Cored	
WASATCH G	5,432	7,182	NO	NO	CORRECTED & FINAL FORM 5 FOR THIS WELL: DEPTHS FOR
OHIO CREEK	7,182	7,402	NO	NO	THE 10 3/4" CASING HAVE BEEN CORRECTED & CONDUCTOR
WILLIAMS FORK - CAMEO	7,402	11,412	NO	NO	HOLE & PIPE SIZE ARE CORRECTED.
ROLLINS	11,412	11,605	NO	NO	
COZZETTE	11,605	11,902	NO	NO	SEE OGCC COMMENTS (NEXT PAGE) FOR INFO ON CASING,
CORCORAN	11,902	12,667	NO	NO	LINER & CEMENT.

Operator Comments:

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 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"/>
<u>Other Attachments</u>			
2033980	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2189303	DIRECTIONAL SURVEY 01 WELLBORE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400882502	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Directionl survey supplied and entered. Requested cement summary on surface pipe and verification of surface pipe setting depth.	08/11/2015
Permit	Pending approval of Form 5 for 00 wellbore: This Form 5 2033980 is being converted to Form 5 for the 01 wellbore. Requested operator supply directional survey for portion of hole below 6220'.	07/21/2015

Total: 2 comment(s)