

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



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**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.

Document Number:

400090384

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: 77210-43

5. API Number 05-103-11089-00 6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34B9  
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Direction: FSL Distance: 803 Direction: FEL Distance: 959  
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 Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_

9. Field Name: PICEANCE CREEK 10. Field Number: 68800

11. Federal, Indian or State Lease Number: COD-035729

12. Spud Date: (when the 1st bit hit the dirt) 12/17/2008 13. Date TD: \_\_\_\_\_ 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:

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

16. Total Depth MD 12940 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_

18. Elevations GR 6638 KB 6651

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:

20. Casing, Liner and Cement:

CASING

REMEDIAL CEMENT

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

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	5,720	6,090	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,090	7,465	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,465	7,791	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,791	11,639	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,639	11,839	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,839	12,115	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,115	12,940	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Resubmitted to show corrected formation tops and bottom.

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 Asst Date: \_\_\_\_\_ Email: jackie.p.davis@exxonmobil.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_