

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



DE ET OE ES

Document Number:

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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.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 28700  
2. Name of Operator: EXXON MOBIL OIL CORPORATION  
3. Address: P O BOX 4358 WGR RM 310  
City: HOUSTON State: TX Zip: 77210-43  
4. Contact Name: Jackie Davis  
Phone: (281) 654-1913  
Fax: (281) 654-1940

5. API Number 05-103-11083-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34B6  
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Direction: FSL Distance: 846 Direction: FEL Distance: 947  
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) 11/30/2008 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 12928 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	5,710	6,100	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,100	7,457	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,457	7,785	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,785	11,641	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,641	11,841	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,841	12,184	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,184	12,928	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Resubmitted to show corrected formation tops and bottoms.

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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400090518		PCU 197-34B6 Schematic.pdf

Total Attach: 1 Files