

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

Document Number:

2554973

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: 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 05-103-11361-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 297-10B9
8. Location: QtrQtr: NWSE Section: 10 Township: 2S Range: 97W Meridian: 6
Footage at surface: Direction: FSL Distance: 2655 Direction: FEL Distance: 1483
As Drilled Latitude: 39.891347 As Drilled Longitude: -108.263025

GPS Data:

Data of Measurement: 01/22/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: S.V.

** If directional footage

at Top of Prod. Zone Distance: 1941 Direction: FNL Distance: 2550 Direction: FWL
at Bottom Hole Distance: 2080 Direction: FNL Distance: 2718 Direction: FEL

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

11. Federal, Indian or State Lease Number: COD-035679

12. Spud Date: (when the 1st bit hit the dirt) 07/09/2009 13. Date TD: 12/26/2009 14. Date Casing Set or D&A: 01/01/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12791 TVD 12487 17 Plug Back Total Depth MD 12680 TVD 12376

18. Elevations GR 6684 KB 6714

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:

SEGMENTED BOND GR, PERFORM-DRILLING MECHANICS, MUD, RESERVOIR PERFORMANCE MONITOR, RADIAL ANALYSIS BOND, RESERVOIR PERFORMANCE MONITOR GASVIEW SATURATION ANALYSIS

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	16		120	96	120	0
SURF	14+3/4	10+3/4		3,773	1,105	3,778	1,253
1ST	14+3/4	10+3/4		1,253	855	1,253	0
2ND	9+7/8	7		8,406	1,310	8,424	3,200
3RD	6+1/8	4+1/2		12,777	910	12,791	6,150

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	5,509	5,798	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,798	7,294	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,294	7,518	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,518	11,483	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,483	11,634	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,634	11,915	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,915	12,791	<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: _____ Print Name: JACKIE DAVIS

Title: TECHNICAL ASST Date: 5/26/2010 Email: ACKIE.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: David S. Neslin Director of COGCC Date: 9/7/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554973	FORM 5 SUBMITTED	LF@2501746 2554973

Total Attach: 1 Files