

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

DRILLING COMPLETION REPORT

Document Number:

400106850

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: Beatrice Sabala
2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-2685
3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11248-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-5A1
8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6
Footage at surface: Direction: FNL Distance: 690 Direction: FWL Distance: 561
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: _____

Sec: _____ Twp: _____ Rng: _____

at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____

Sec: _____ Twp: _____ Rng: _____

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

11. Federal, Indian or State Lease Number: COD038242

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2009 13. Date TD: 10/04/2010 14. Date Casing Set or D&A: 10/07/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 14288 TVD 14188 17 Plug Back Total Depth MD 14164 TVD 14064

18. Elevations GR 7296 KB 7309

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

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	16	75.00	120	505	120	0
SURF	14+3/4	10+3/4	45.50	4,633	1,260	4,648	1,701
S.C. 1.1	9+7/8	7	26.00	10,094	1,350	10,103	4,133
S.C. 2.1	6+1/8	4+1/2	15.10	14,251	985	14,251	7,430

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,701	1,290	0	1,701

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

Comment:

Staged multi-well pad; logs & surveys run when all wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadlines.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Beatrice Sabala

Title: Technical Assistant Date: _____ Email: beatrice.sabala@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
400106858		PCU 296-5A1_Intermediate Cement PJR.pdf
400106859		PCU 296-5A1_Production PJR.pdf

Total Attach: 2 Files