

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:

1666045

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) 654-1927
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: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/22/2009 13. Date TD: 10/26/2009 14. Date Casing Set or D&A: 10/27/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4648 TVD 4557 17 Plug Back Total Depth MD _____ TVD _____

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 Top	Cement Bot	Status
CONDUCTOR	26	16		120	505	0	120	CALC
SURF	14+3/4	10+3/4		1,711	1,290	0	1,711	CALC
1ST	14+3/4	10+3/4		4,669	1,260	1,711	4,669	CALC

ADDITIONAL 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	
OHIO CREEK			<input type="checkbox"/>	<input type="checkbox"/>	SMALL RIG DRILLS SURFACE HOLES THEN ANOTHER RIG
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	AND THEN PRODUCTION HOLES.
WASATCH G			<input type="checkbox"/>	<input type="checkbox"/>	PCU 296-5A WELLS ARE BEING BATCHED DRILLED.
WILLIAMS FORK - CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	MOVES ON PAD AND DRILLS ALL INTERMEDIATE HOLES

Comment:

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

Signed: Y _____ Print Name: JACKIE DAVIS

Title: SUPPORT STAFF TECH. ASST. Date: 12/4/2009 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: *David S. Neslin* Director of COGCC Date: 11/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1	OTHER 1	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	THE UNLABELED ATTACHMENT TO THIS FORM IS ACTUALLY FOR A WELL IN SEC. 23 1N 53W WASHINGTON COUNTY, CO.	11/17/2010 1:15:22 PM

Total: 1 comment(s)