

**FORM
5**Rev
02/08State 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:

1666045

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 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 ☐ Observation16. 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: YPrint Name: JACKIE DAVISTitle: SUPPORT STAFF TECH. ASST.Date: 12/4/2009Email: 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: 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)