

FORM
5Rev
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:

400103064

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) 654-1913
3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11543-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34A2
8. Location: QtrQtr: NWSW Section: 34 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 1701 feet Direction: FSL Distance: 136 feet Direction: FWL
As Drilled Latitude: 39.917997 As Drilled Longitude: -108.276927

GPS Data:

Data of Measurement: 11/19/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: D.P.

** If directional footage

at Top of Prod. Zone Distance: 1492 feet Direction: FSL Distance: 570 feet Direction: FWL
Sec: 34 Twp: 1S Rng: 97W
at Bottom Hole Distance: 1341 feet Direction: FSL Distance: 616 feet Direction: FWL
Sec: 34 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 6880011. Federal, Indian or State Lease Number: COD03572912. Spud Date: (when the 1st bit hit the dirt) 01/21/2010 13. Date TD: 02/14/2010 14. Date Casing Set or D&A: 02/19/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12455 TVD 12409 17 Plug Back Total Depth MD 12360 TVD 1231418. Elevations GR 6488 KB 6518

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:

Perform-APWD, Compact Well Shuttle (Hole Volume, Comp Photo Density Dual Neutron, Array Ind, LQC), Compact Drop Off (Shallow Focused, LQC, Comp Sonic, Comp Photo Density Dual Neutron), Correlation Gamma Ray, Imaging Behind Csg Ultrasonic Tool CCL/Gamma Ray, Mud, Directional Survey

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	75.00	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	3,638	1,080	1,165	3,653	CALC
1ST	9+7/8	7	26.00	8,371	1,229	1,000	8,386	CALC
2ND	6+1/8	4+1/2	15.10	12,440	915	6,053	12,455	CALC

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	1,165	680	0	1,165

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	5,281	5,591	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,591	7,045	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,045	7,348	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,348	11,168	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,168	11,357	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,357	11,662	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,662	12,455	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and directional survey will be sent overnight to the COGCC. Radial Analysis Bond, Reservoir Performance Monitor & Reservoir Performance Monitor Gasview Saturation Analysis logs will be sent overnight to the COGCC when they become available.

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)