

**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:

2509245

**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 05-103-11085-00 6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34B2  
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Distance: 836 feet Direction: FSL Distance: 939 feet Direction: FEL  
As Drilled Latitude: 39.915739 As Drilled Longitude: -108.261172

## GPS Data:

Data of Measurement: 04/15/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: D. PETTY

## \*\* If directional footage

at Top of Prod. Zone Distance: 1792 feet Direction: FSL Distance: 737 feet Direction: FEL  
Sec: 34 Twp: 1S Rng: 97W  
at Bottom Hole Distance: 1518 feet Direction: FSL Distance: 896 feet Direction: FEL  
Sec: 34 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
11. Federal, Indian or State Lease Number: COD035729

12. Spud Date: (when the 1st bit hit the dirt) 11/03/2008 13. Date TD: 02/19/2010 14. Date Casing Set or D&A: 02/22/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12885 TVD 12715 17 Plug Back Total Depth MD 12885 TVD 1271518. Elevations GR 6637 KB 6650

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:

CORRELATION GR/CCL, IMAGING BEHIND CSG ULTASONIC TOOL GR/CCL, MUD LOGS, RADIAL ANALYSIS BOND, RESERVOIR  
PERFORMANCE MONITOR, DIRECTIONAL SURVEY, RESERVOIR PERFORMANCE MONITOR GASVIEW SATURATION ANALYSIS, CBL

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4		1357	3,977	1,165	1,357	3,977	CALC
1ST	9+7/8	7		0	9,087	1,365	2,000	9,087	CALC
2ND	6+1/8	4+1/2		0	12,870	910	7,250	12,885	CBL

### 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	1,357	890	0	1,357

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	5,520	5,870	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,870	7,370	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,370	7,930	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,930	11,520	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,520	11,760	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,760	12,080	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,080	12,885	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RESUBMITTED TO SHOW TOP OF PROD ZONE AND BOTTOM HOLE FOOTAGES.

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: 7/7/2010 Email: JACKIE.P.DAVIS@EXXONMOBIL.COM

### Attachment Check List

Att Doc Num	Name
2072022	DIRECTIONAL SURVEY
2509245	FORM 5 SUBMITTED
2509246	DIRECTIONAL SURVEY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec D/S profile	11/30/2010 7:40:07 AM
Permit	Requested D/S side and top profile	11/16/2010 8:15:58 AM

Total: 2 comment(s)