

**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:

2509247

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 05-103-11084-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34B1
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 851 feet Direction: FSL Distance: 935 feet Direction: FEL
As Drilled Latitude: 39.915753 As Drilled Longitude: -108.261131

GPS Data:

Data of Measurement: 04/15/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: D. PETTY

** If directional footage

at Top of Prod. Zone Distance: 2610 feet Direction: FSL Distance: 1296 feet Direction: FEL
Sec: 34 Twp: 1S Rng: 97W
at Bottom Hole Distance: 2377 feet Direction: FSL Distance: 1380 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) 10/26/2008 13. Date TD: 03/11/2010 14. Date Casing Set or D&A: 03/15/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 13024 TVD 12633 17 Plug Back Total Depth MD 13024 TVD 1263318. Elevations GR 6647 KB 6660

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-DRIG MECH, IMAGING BEHIND CSG ULTRASONIC TOOL GR/CCL, CORRELATION GR/CCL, MUD LOGS,
DIRECTIONAL SURVEYS, RESERVOIR PERFORM MONITOR GASVIEW SATURATION ANALYSIS, RESERVOIR
PERFORMANCE MONITOR, RADIAL ANALYSIS BOND

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		0	4,023	1,200	1,407	4,023	CALC
1ST	9+7/8	7		0	9,300	1,355	4,000	9,315	CALC
2ND	6+1/8	4+1/2		0	13,020	905	6,740	13,024	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	1,407	890	0	1,407

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	5,790	6,140	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,140	7,640	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,640	8,220	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,220	11,840	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,840	12,030	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,030	12,303	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,303	13,024	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

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
2509247	FORM 5 SUBMITTED
2509248	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)