

**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:

2509251

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 05-103-11541-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34A4
8. Location: QtrQtr: NWSW Section: 34 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 1730 feet Direction: FSL Distance: 128 feet Direction: FWL
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: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

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) 03/05/2010 13. Date TD: 06/11/2010 14. Date Casing Set or D&A: 06/13/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8605 TVD 8384 17 Plug Back Total Depth MD _____ TVD _____18. 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:

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	3,713	1,100	1,149	3,735	CALC
1ST	9+7/8	7		0	8,605	1,250	1,000	8,600	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	1,149	625	0	1,149

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: STAGED MULTI-WELL PAD; LOGS & SUVEYS RUN WHEN ALL WELLS DRILLED. UPON RECEIPT, LOGS, LOG COPIES AND FINAL FORM 5 WILL BE FILED WITHIN 30 DAYS TO MEET COGCC DEADLINES.

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: TECHNICAL ASST. Date: 7/8/2010 Email: JACKIE.P.DAVIS@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Name
2509251	FORM 5 SUBMITTED
2509252	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)