

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

2509251

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 Observation

16. 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

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

Total: 0 comment(s)