


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400089798	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    28700		4. Contact Name:    Beatrice Sabala					
2. Name of Operator:    EXXON MOBIL OIL CORPORATION		Phone:    (281) 654-2685					
3. Address:    P O BOX 4358 WGR RM 310		Fax:    (281) 654-1940					
City:    HOUSTON    State:    TX    Zip:    77210-43							
5. API Number    05-103-11478-00		6. County:    RIO BLANCO					
7. Well Name:    PICEANCE CREEK UNIT		Well Number:    296-6A5					
8. Location:    QtrQtr:    SESW    Section:    6    Township:    2S    Range:    96W    Meridian:    6							
Footage at surface:    Distance:    473    feet    Direction:    FSL    Distance:    1877    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    Dist.:    feet. Direction:    Dist.:    feet. Direction:							
Sec:    Twp:    Rng:							
** If directional footage at Bottom Hole    Dist.:    feet. Direction:    Dist.:    feet. Direction:							
Sec:    Twp:    Rng:							
9. Field Name:    PICEANCE CREEK		10. Field Number:    68800					
11. Federal, Indian or State Lease Number:    COD035705							
12. Spud Date: (when the 1st bit hit the dirt)    07/07/2010    13. Date TD:    08/04/2010    14. Date Casing Set or D&A:    08/07/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    13749    TVD**    13637		17 Plug Back Total Depth    MD    13633    TVD**    13522					
18. Elevations    GR    7366    KB    7393		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:							
logs to be listed when final/subsequent Form 5 filled-out							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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	75.00	0	120	96	0	120	VISU
SURF	14+3/4	10+3/4	45.50	0	4,401	1,270	1,600	4,431	CALC
1ST	8+3/4	7	26.00	0	9,553	765	3,901	9,570	CALC
2ND	6+1/8	4+1/2	15.10	0	13,722	965	6,982	13,749	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	1,600	880	0	1,600

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:

Staged multi-well pad; log and survey run when all well drilled. Upon receipt, logs, log copies and Final 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: Beatrice Sabala

Title: Technical Assistant Date: 9/2/2010 Email: beatrice.sabala@exxonmobil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400089926	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400089798	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req As Drilled GPS	3/29/2011 8:03:46 AM

Total: 1 comment(s)