

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		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 400090419
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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>28700</u>		4. Contact Name: <u>Jackie Davis</u>	
2. Name of Operator: <u>EXXON MOBIL OIL CORPORATION</u>		Phone: <u>(281) 654-1913</u>	
3. Address: <u>P O BOX 4358 WGR RM 310</u>		Fax: <u>(281) 654-1940</u>	
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77210-43</u>	
5. API Number <u>05-103-11086-00</u>		6. County: <u>RIO BLANCO</u>	
7. Well Name: <u>PICEANCE CREEK UNIT</u>		Well Number: <u>197-34B7</u>	
8. Location: QtrQtr: <u>SESE</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>832</u> feet Direction: <u>FSL</u> Distance: <u>951</u> feet Direction: <u>FEL</u>			
As Drilled Latitude: <u>39.915633</u> As Drilled Longitude: <u>-108.261169</u>			
GPS Data:			
Data of Measurement: <u>04/15/2010</u> PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>d petty</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>1614</u> feet. Direction: <u>FSL</u> Dist.: <u>2703</u> feet. Direction: <u>FWL</u>			
Sec: <u>34</u> Twp: <u>1s</u> Rng: <u>97w</u>			
** If directional footage at Bottom Hole Dist.: <u>1490</u> feet. Direction: <u>FSL</u> Dist.: <u>2504</u> feet. Direction: <u>FWL</u>			
Sec: <u>34</u> Twp: <u>1s</u> Rng: <u>97w</u>			
9. Field Name: <u>PICEANCE CREEK</u>		10. Field Number: <u>68800</u>	
11. Federal, Indian or State Lease Number: <u>COD-035729</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>12/06/2008</u> 13. Date TD: <u>12/13/2009</u> 14. Date Casing Set or D&A: <u>12/21/2009</u>			
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 <u>12990</u> TVD** <u>12577</u>		17 Plug Back Total Depth MD <u>12490</u> TVD** <u>12077</u>	
18. Elevations GR <u>6650</u> KB <u>6680</u>		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:			
<u>mud (5); CBL; res-perf monitor/gasview saturation; res-per monitor; perform drilling mechanics; correlation GR/CCL; imaging behind casing</u>			
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		0	120	96	0	120	VISU
SURF	14+3/4	10+3/4	45.5	0	3,990	1,180	1,278	3,990	VISU
1ST	9+7/8	7	26	0	9,217	1,360	3,640	9,220	
2ND	6+1/8	4+1/2	15.1	0	12,988	905	5,000	12,900	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	1,278	890	0	1,278

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	5,810	6,180	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,180	7,528	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,528	8,067	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,067	11,681	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,681	11,850	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,850	12,186	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,186	12,990	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Resubmitted to show corrected formation tops and bottom.

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: 9/3/2010 Email: jackie.p.davis@exxonmobil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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>			
400090419	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

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

Total: 0 comment(s)