


<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:  400090419	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-103-11086-00		6. County:    RIO BLANCO					
7. Well Name:    PICEANCE CREEK UNIT		Well Number:    197-34B7					
8. Location:    QtrQtr:    SESE    Section:    34    Township:    1S    Range:    97W    Meridian:    6							
Footage at surface:    Distance:    832    feet    Direction:    FSL    Distance:    951    feet    Direction:    FEL							
As Drilled Latitude:    39.915633	As Drilled Longitude:    -108.261169						
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    Dist.:    1614    feet. Direction:    FSL    Dist.:    2703    feet. Direction:    FWL							
Sec:    34    Twp:    1s    Rng:    97w							
** If directional footage at Bottom Hole    Dist.:    1490    feet. Direction:    FSL    Dist.:    2504    feet. Direction:    FWL							
Sec:    34    Twp:    1s    Rng:    97w							
9. Field Name:    PICEANCE CREEK		10. Field Number:    68800					
11. Federal, Indian or State Lease Number:    COD-035729							
12. Spud Date: (when the 1st bit hit the dirt)    12/06/2008    13. Date TD:    12/13/2009    14. Date Casing Set or D&A:    12/21/2009							
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    12990    TVD**    12577		17 Plug Back Total Depth    MD    12490    TVD**    12077					
18. Elevations    GR    6650    KB    6680		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:							
mud (5); CBL; res-perf monitor/gasview saturation; res-per monitor; perform drilling mechanics; correlation GR/CCL; imaging behind casing							
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"/>

General Comments

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

Total: 0 comment(s)