

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:
400149854

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: 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 05-103-11483-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-6A9
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 492 feet Direction: FSL Distance: 1894 feet Direction: FWL
As Drilled Latitude: 39.900119 As Drilled Longitude: -108.212185

GPS Data:

Data of Measurement: 12/11/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Q. Miller

** If directional footage

at Top of Prod. Zone Distance: 1764 feet Direction: FSL Distance: 2610 feet Direction: FWL
Sec: 6 Twp: 2S Rng: 96W
at Bottom Hole Distance: 1370 feet Direction: FSL Distance: 2449 feet Direction: FWL
Sec: 6 Twp: 2S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COD052130

12. Spud Date: (when the 1st bit hit the dirt) 01/21/2010 13. Date TD: 02/15/2010 14. Date Casing Set or D&A: 02/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13990 TVD 13770 17 Plug Back Total Depth MD 13980 TVD 13743

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:

Reservoir Performance Montiro Gasview Saturation Analysis, Correlation Print Gamma Ray / CCL, Imaging Behind Casing Ultrasonic Tool Gamma Ray / CCL, PERFORM - Drilling Mechanics, Radial Analysis Bond Log, Reservoir Performance Monitor, Mud Logs, Directional Survey

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	75.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1603	4,502	1,230	1,603	4,520	CALC
1ST	9+7/8	7	26.00	0	9,826	1,340	4,002	9,836	CALC
2ND	6+1/8	4+1/2	15.10	0	13,982	965	7,190	13,990	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	1,603	835	0	1,603

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	6,271	6,698	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,698	8,190	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,190	8,410	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,410	12,640	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,640	12,802	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,802	13,145	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,145	13,990	<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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: _____ Email: beatrice.sabala@exxonmobil.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)