


<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:  <div style="text-align: center; font-weight: bold;">400140996</div>	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: <u>28700</u>		4. Contact Name: <u>Beatrice Sabala</u>					
2. Name of Operator: <u>EXXON MOBIL OIL CORPORATION</u>		Phone: <u>(281) 654-2685</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>05-103-11242-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>PICEANCE CREEK UNIT</u>		Well Number: <u>296-5A8</u>					
8. Location:    QtrQtr: <u>NWNW</u> Section: <u>5</u> Township: <u>2S</u> Range: <u>96W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>722</u> feet    Direction: <u>FNL</u>		Distance: <u>530</u> feet    Direction: <u>FWL</u>					
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: <u>PICEANCE CREEK</u>		10. Field Number: <u>68800</u>					
11. Federal, Indian or State Lease Number: <u>COD035679</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/29/2009</u> 13. Date TD: <u>02/11/2011</u> 14. Date Casing Set or D&A: <u>02/15/2011</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>9990</u> TVD** <u>9660</u>		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR <u>7296</u> KB <u>7309</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:							
_____							
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	500	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1750	4,859	1,250	1,750	4,859	CALC
1ST	9+7/8	7	26.00	0	9,986	1,405	0	9,990	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	1,750	1,005	0	1,750

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; logs & surveys run when all wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadline.

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: 3/9/2011 Email: beatrice.sabala@exxonmobil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400141014	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>					
400140996	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	7/7/2011 3:32:54 PM

Total: 1 comment(s)