

FORM
5Rev
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

Document Number:

2537111

DRILLING COMPLETION REPORT

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) 6542685

3. Address: P O BOX 4358 WGR RM 310

Fax: (281) 6541940

City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11480-00

6. County: RIO BLANCO

7. Well Name: Piceance Creek Unit

Well Number: 296-6A4

8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6

Footage at surface: Distance: 466 feet Direction: FSL Distance: 1891 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date 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) 08/09/2010 13. Date TD: 08/22/2010 14. Date Casing Set or D&A: 08/28/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4553 TVD** 17 Plug Back Total Depth MD 4553 TVD**

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:

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		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4		1616	4,553	1,250	1,616	4,553	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	1,616	810	0	1,616

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:

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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 ASST Date: 9/7/2010 Email: BEATRICE.SABALA@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2537112	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>			
2537111	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	well sidetracked. see API # 103-11480-01 for details. plg.	2/22/2011 3:16:30 PM

Total: 1 comment(s)