

**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

Document Number:

400201959

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: 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-

5. API Number 05-103-11248-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-5A1
8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 690 feet Direction: FNL Distance: 561 feet Direction: FWL
As Drilled Latitude: 39.912052 As Drilled Longitude: -108.198567

GPS Data:

Data of Measurement: 05/23/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: C.D.S.

** If directional footage

at Top of Prod. Zone Distance: 281 feet Direction: FSL Distance: 284 feet Direction: FWL
Sec: 32 Twp: 1S Rng: 96W
at Bottom Hole Distance: 120 feet Direction: FNL Distance: 220 feet Direction: FWL
Sec: 5 Twp: 2S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 6880011. Federal, Indian or State Lease Number: D03824212. Spud Date: (when the 1st bit hit the dirt) 10/22/2009 13. Date TD: 10/04/2010 14. Date Casing Set or D&A: 10/07/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 14288 TVD 14188 17 Plug Back Total Depth MD 14164 TVD 1406418. Elevations GR 7296 KB 7309

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, Directional Survey, Radial Analysis Bond, Reservoir Performance Monitor, Compact Well Shuttle ((2)Compensated Sonic, (3)Array Induction, Compensated Photo Density/Dual Neutron, Hole Volume, LQC, Correlation Gamma Ray, Imaging Behind Casing Ultrasonic Tool CCL/GR.

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	505	0	120	CALC
SURF	14+3/4	10+3/4	45.50	0	4,633	1,260	1,701	4,648	CALC
1ST	9+7/8	7	26.00	0	10,094	1,350	4,133	10,103	CALC
2ND	6+1/8	4+1/2	15.10	0	14,251	985	7,430	14,251	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	1,701	1,290	0	1,701

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	6,420	6,840	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,840	8,430	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,430	8,670	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,670	12,940	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,940	13,100	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	13,100	13,460	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,460	14,288	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and directional survey will be sent overnight to the COGCC.

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: _____ Email: jackie.p.davis@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)