

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:

400233681

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 05-103-11185-00

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 197-36A6

8. Location: QtrQtr: NESW Section: 36 Township: 1S Range: 97W Meridian: 6

Footage at surface: Distance: 1885 feet Direction: FSL Distance: 2653 feet Direction: FWL

As Drilled Latitude: 39.918716 As Drilled Longitude: -108.228994

GPS Data:

Date of Measurement: 06/27/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: D. Slaugh

** If directional footage at Top of Prod. Zone Dist.: 2288 feet. Direction: FNL Dist.: 2581 feet. Direction: FEL

Sec: 36 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2637 feet. Direction: FNL Dist.: 2706 feet. Direction: FWL

Sec: 36 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK

10. Field Number: 68800

11. Federal, Indian or State Lease Number: COC035710

12. Spud Date: (when the 1st bit hit the dirt) 10/16/2010 13. Date TD: 04/10/2011 14. Date Casing Set or D&A: 04/13/2011

15. Well Classification:

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

16. Total Depth MD 13508 TVD** 13361 17 Plug Back Total Depth MD 13401 TVD** 13254

18. Elevations GR 7084 KB 7114

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, Perform-Drilling Mechanics, Compact Quad Combo Quicklook, Compensated Sonic, Array Induction Shallow Focused, LQC, Hole Volume, Compensated Density Neutron, Correlation CCL Gamma Ray, Reservoir Performance Monitor, Radial Analysis Bond

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	1612	4,198	1,120	1,612	4,198	CALC
1ST	9+7/8	7	26.00	0	9,515	1,366	3,698	9,515	CALC
2ND	6+1/8	4+1/2	15.10	0	13,488	955	2,095	13,508	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,612	1,230	0	1,612

Details of work:

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	6,210	6,550	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,550	8,065	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,065	8,301	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,301	12,460	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,460	12,637	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,637	12,970	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,970	13,508	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being resubmitted to show corrected formation tops and bottoms.

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: _____

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)