

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:

400223624

## 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 05-103-11534-00

6. County: RIO BLANCO

7. Well Name: Piceance Creek Unit

Well Number: 296-6B8

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

Footage at surface: Distance: 2365 feet Direction: FSL Distance: 1278 feet Direction: FEL

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: COD-035679

12. Spud Date: (when the 1st bit hit the dirt) 08/11/2011 13. Date TD: 10/17/2011 14. Date Casing Set or D&amp;A: 10/17/2011

## 15. Well Classification:

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

16. Total Depth MD 14207 TVD\*\* 14015 17 Plug Back Total Depth MD 0 TVD\*\* 0

18. Elevations GR 7367 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	75.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1700	4,511	1,555	1,700	4,526	CALC
1ST	9+7/8	7	26.00	0	9,999	1,380	5,395	9,999	CALC
2ND	6+1/8	4+1/2	15.10	0	14,192	855	7,300	14,207	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	1,700	1,375	0	1,700

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Staged multi-well pad; logs &amp; surveys run when all wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadlines.

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 Assist Date: 11/16/2011 Email: jackie.p.davis@exxonmobil.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400223638	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>					
400223624	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)