

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:

2285295

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 05-103-11531-00

6. County: RIO BLANCO

7. Well Name: Piceance Creek Unit

Well Number: 296-6B7

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

Footage at surface: Distance: 2364 feet Direction: FSL Distance: 1263 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-038242

12. Spud Date: (when the 1st bit hit the dirt) 08/21/2011 13. Date TD: 09/16/2011 14. Date Casing Set or D&A: 09/20/2011

15. Well Classification:

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

16. Total Depth MD 14446 TVD** 13986 17 Plug Back Total Depth MD TVD**

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		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4		0	4,726	1,440	1,753	4,741	CALC
1ST	9+7/8	7		0	10,164	1,385	4,200	10,164	CALC
2ND	6+1/8	4+1/2		0	14,431	855	1,183	14,446	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	1,753	1,780	0	1,753

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	
CORCORAN			<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE			<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK			<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G			<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: STAGE ULTI-WELL PAD; LOGS & SURVEYS RUN WHEN ALL WELLS DRILLED. UPON RECEIPT, 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: TECHNICAL ASST.

Date: 10/19/2011

Email: JACKIE.P.DAVIS@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285296	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>					
2285295	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)