

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:  
400221828

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  
2. Name of Operator: EXXON MOBIL OIL CORPORATION  
3. Address: P O BOX 4358 WGR RM 310  
City: HOUSTON State: TX Zip: 77210-  
4. Contact Name: Jackie Davis  
Phone: (281) 654-1913  
Fax: (281) 654-1940

5. API Number 05-103-11478-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT  
Well Number: 296-6A5  
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6  
Footage at surface: Distance: 473 feet Direction: FSL Distance: 1877 feet Direction: FWL  
As Drilled Latitude: 39.900064 As Drilled Longitude: -108.212247

GPS Data:  
Date of Measurement: 12/11/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Q. Miller

\*\* If directional footage at Top of Prod. Zone Dist.: 804 feet. Direction: FSL Dist.: 998 feet. Direction: FWL  
Sec: 6 Twp: 2S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 423 feet. Direction: FSL Dist.: 859 feet. Direction: FWL  
Sec: 6 Twp: 2S Rng: 96W

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) 07/07/2010 13. Date TD: 08/04/2010 14. Date Casing Set or D&A: 08/07/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 13749 TVD\*\* 13626 17 Plug Back Total Depth MD 13174 TVD\*\* 13054

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:  
Reservoir Performance Monitor Gasview Saturation Analysis, Gamma Ray, Image Behind Casing Ultrasonic CCL/Gamma Ray, Perform-Drilling Mechanics, Radial Analysis Bond, Reservoir Performance Monitor, Mud, Directional Survey.

20. Casing, Liner and Cement:

CASING

Empty box for casing details.

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	1600	4,401	1,270	1,600	4,431	CALC
1ST	8+3/4	7	26.00	0	9,553	765	3,901	9,570	CALC
2ND	6+1/8	4+1/2	15.10	0	13,722	965	9,830	13,749	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	1,600	880	0	1,600

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	6,072	6,495	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,495	7,954	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,954	8,220	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,220	12,390	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,390	12,553	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,553	12,896	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,896	13,749	<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 Assist Date: 11/8/2011 Email: jackie.p.davis@exxonmobil.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b><u>Other Attachments</u></b>			
400221828	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)