

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:  
400228514

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 05-103-11181-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK  
Well Number: 197-36A2  
8. Location: QtrQtr: NESW Section: 36 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Distance: 1873 feet Direction: FSL Distance: 2652 feet Direction: FWL  
As Drilled Latitude: 39.918683 As Drilled Longitude: -108.228997

GPS Data:

Date of Measurement: 06/27/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: D. Slaugh

\*\* If directional footage at Top of Prod. Zone Dist.: 1462 feet. Direction: FSL Dist.: 1626 feet. Direction: FEL  
Sec: 36 Twp: 1S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1167 feet. Direction: FSL Dist.: 1777 feet. Direction: FEL  
Sec: 36 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
11. Federal, Indian or State Lease Number: COC053141

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2010 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/22/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 13336 TVD\*\* 13175 17 Plug Back Total Depth MD 13229 TVD\*\* 13067

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:

Radial Analysis Bond, Reservoir Performance Monitor, Reservoir Performance Monitor Gasview Saturation Analysis, Imaging Behind Casing Ultrasonic Tool Gamma Ray, Correlation CCL Gamma Ray, Perform-Drilling Mechanics, Mud, Directional Survey.

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	84.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1604	4,186	1,125	1,604	4,200	CALC
1ST	9+7/8	7	26.00	0	9,439	1,330	3,761	9,452	CALC
2ND	6+1/8	4+1/2	15.10	0	13,316	965	9,030	13,336	CBL

**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	1,604	840	0	1,604

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	6,150	6,510	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,510	8,014	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,014	8,244	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,244	12,430	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,430	12,599	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,599	12,958	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,958	13,336	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being resubmitted to show corrected 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: 12/2/2011 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>			
400228514	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)