

**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
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Document Number:

400232435

**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 05-103-11182-00

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 197-36A3

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

Footage at surface: Distance: 1865 feet Direction: FSL Distance: 2639 feet Direction: FWL

As Drilled Latitude: 39.918661 As Drilled Longitude: -108.229042

## GPS Data:

Data 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.: 960 feet. Direction: FSL Dist.: 2414 feet. Direction: FEL

Sec: 36 Twp: 1S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 612 feet. Direction: FSL Dist.: 2482 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) 09/11/2010 13. Date TD: 03/05/2011 14. Date Casing Set or D&amp;A: 03/10/2011

## 15. Well Classification:

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

16. Total Depth MD 13738 TVD\*\* 13623 17 Plug Back Total Depth MD 0 TVD\*\* 0

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, Radial Analysis Bond, Reservoir Performance Monitor, Reservoir Performance Monitor Gasview Saturation Analysis, Compact Shuttle (Hole Volume, LQC, Compensated Photo Density/Dual Neutron, Array Induction, Compact Quad Combo Quicklook, Compensated Sonic), Correlation CCL Gamma Ray, Imaging Behind Casing Ultrasonic Tool Gamma Ray.

## 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	1499	4,092	1,125	1,499	4,107	CALC
1ST	9+7/8	7	26.00	0	9,350	1,305	3,593	9,364	CALC
2ND	6+1/8	4+1/2	15.10	0	13,713	960	6,350	13,738	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	1,499	830	0	1,499

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	6,020	6,400	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,400	7,907	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,907	8,138	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,138	12,291	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,291	12,482	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,482	12,810	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,810	13,738	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being resubmitted to add Rollins formation and correct formation bottom for WFCM and sacks of cement for surface casing.

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: 12/14/2011

Email: jackie.p.davis@exxonMobil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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"/>
<u>Other Attachments</u>					
400232435	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)