

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:
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
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 05-103-11182-00
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:
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.: 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&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

User Group	Comment	Comment Date

Total: 0 comment(s)