

**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:

400233831

**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 05-103-11187-00

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 197-36A8

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

Footage at surface: Distance: 1869 feet Direction: FSL Distance: 2628 feet Direction: FWL

As Drilled Latitude: 39.918673 As Drilled Longitude: -108.229083

## GPS Data:

Data of Measurement: 06/27/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: D. Slaugh

\*\* If directional footage at Top of Prod. Zone Dist.: 2479 feet. Direction: FNL Dist.: 796 feet. Direction: FWL

Sec: 36 Twp: 1S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 2488 feet. Direction: FSL Dist.: 505 feet. Direction: FWL

Sec: 36 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK

10. Field Number: 68800

11. Federal, Indian or State Lease Number: COD 035710

12. Spud Date: (when the 1st bit hit the dirt) 10/01/2010 13. Date TD: 05/03/2011 14. Date Casing Set or D&amp;A: 05/07/2011

## 15. Well Classification:

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

16. Total Depth MD 13551 TVD\*\* 13139 17 Plug Back Total Depth MD 13446 TVD\*\* 13034

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

## 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	75.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1606	4,369	1,190	1,606	4,384	CALC
1ST	9+7/8	7	26.00	0	9,681	1,340	3,869	9,696	CALC
2ND	6+1/8	4+1/2	15.10	0	13,533	855	7,370	13,551	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	1,606	875	0	1,606

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	6,400	6,740	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,740	8,205	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,205	8,443	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,443	12,609	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,609	12,777	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,777	13,127	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	13,127	13,551	<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 Asst Date: 12/19/2011 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>					
400233831	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)