

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
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 05-103-11187-00
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:
Date 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&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

User Group	Comment	Comment Date

Total: 0 comment(s)