

FORM
5Rev
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:

400233739

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 05-103-11186-00

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 197-36A7

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

Footage at surface: Distance: 1877 feet Direction: FSL Distance: 2640 feet Direction: FWL

As Drilled Latitude: 39.918695 As Drilled Longitude: -108.229038

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.: 2526 feet. Direction: FSL Dist.: 2082 feet. Direction: FWL

Sec: 36 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2095 feet. Direction: FSL Dist.: 1902 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: COC 035729

12. Spud Date: (when the 1st bit hit the dirt) 09/25/2010 13. Date TD: 04/23/2011 14. Date Casing Set or D&A: 04/27/2011

15. Well Classification:

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

16. Total Depth MD 13795 TVD** 13674 17 Plug Back Total Depth MD 13686 TVD** 13565

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, Perform-Drilling Mechanics, Correlation CCL Gamma Ray, Imaging Behind Casing Ultrasonic Tool Gamma Ray, 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	1625	4,031	1,120	1,625	4,031	CALC
1ST	9+7/8	7	26.00	0	9,430	1,360	6,350	9,445	CALC
2ND	6+1/8	4+1/2	15.10	0	13,775	965	9,300	13,795	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	1,625	885	0	1,625

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	6,120	6,470	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	6,470	8,005	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	8,005	8,221	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	8,221	12,380	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,380	12,545	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	12,545	12,880	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,880	13,795	<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>					
400233739	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)