

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:

1665739

## 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) 654-1927

3. Address: P O BOX 4358 WGR RM 310

Fax: (281) 654-1940

City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11378-01

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 297-11B1

8. Location: QtrQtr: SESE Section: 11 Township: 2S Range: 97W Meridian: 6

Footage at surface: Distance: 354 feet Direction: FSL Distance: 487 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: PICEANCE CREEK

10. Field Number: 68800

11. Federal, Indian or State Lease Number: 052141

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2009 13. Date TD: 10/10/2009 14. Date Casing Set or D&amp;A: 10/12/2009

## 15. Well Classification:

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

16. Total Depth MD 13000 TVD\*\* 12600 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 7126 KB 7144

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:

## 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		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.5	0	3,953	1,135	1,338	3,953	CALC
1ST	9+7/8	7	26	0	9,006	1,350	3,000	9,006	CALC
2ND	6+1/8	4+1/2	15.1	0	12,983	920	5,950	13,000	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	1,338	760	0	1,338

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	
OHIO CREEK			<input type="checkbox"/>	<input type="checkbox"/>	RIG DRILLS SURFACE HOLES THEN ANOTHER RIG MOVES ON
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	PRODUCTION HOLES.
WASATCH G			<input type="checkbox"/>	<input type="checkbox"/>	PCU 297-11B WELLS ARE BEING BATCH DRILLED. SMALL
WILLIAMS FORK - CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	RIG DRILLS SURFACE HOLES THEN ANOTHER RIG MOVES ON

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: JACKIE DAVISTitle: SUPPORT STAFF TECH. Date: 3/22/2010 Email: JACKI.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"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Reviewed in clean up program. Seed doc #'s 2510487 sfc csg cmt, 700064228 bond log, 2101057 dir sur.	9/9/2011 11:38:56 AM

Total: 1 comment(s)