

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:
1666591

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) 654-1927
Fax: (281) 654-1940

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: 39.885222 As Drilled Longitude: -108.240029

GPS Data:
Date of Measurement: 01/14/2010 PDOP Reading: 3.1 GPS Instrument Operator's Name: 108.240029

** If directional footage at Top of Prod. Zone Dist.: 1533 feet. Direction: FNL Dist.: 556 feet. Direction: FEL
Sec: 14 Twp: 2S Rng: 97W
** If directional footage at Bottom Hole Dist.: 1685 feet. Direction: FNL Dist.: 659 feet. Direction: FEL
Sec: 14 Twp: 2S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COD-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&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 12920 TVD** 12520

18. Elevations GR 7131 KB 7157
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:
10-MUD LOGS, IMAGING BEHIND CASING, CORRELATION, PERFORM-APWD, DIRECTIONAL SURVEY, RADIAL ANALYSIS BOND, RESERVOIR PERFORMANCE MONITOR, 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		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4		0	3,953	1,135	1,338	3,953	CALC
1ST	9+7/8	7		0	9,006	1,350	3,000	9,006	CALC
2ND	6+1/8	4+1/2		0	12,983	920	5,950	13,000	CALC

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	
WASATCH G	5,710	5,908	<input type="checkbox"/>	<input type="checkbox"/>	REVISED TO SHOW FOOTAGES AT TOP OF PRODZONE
FORT UNION	5,908	7,552	<input type="checkbox"/>	<input type="checkbox"/>	AND BOTTOM HOLE.
OHIO CREEK	7,552	7,744	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,744	11,684	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,684	11,909	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,909	12,180	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,180	13,000	<input type="checkbox"/>	<input type="checkbox"/>	

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 DAVIS _____

Title: SUPPORT TECH. ASSIST. Date: 1/28/2010 Email: JACKIE.P.DAVIS@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2070562	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Clean up program.	9/9/2011 12:54:40 PM

Total: 1 comment(s)