

**FORM
5**Rev
02/08State 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:

400120666

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: 28600 4. Contact Name: Jackie Davis
2. Name of Operator: EXXON MOBIL CORPORATION Phone: (281) 654-1913
3. Address: P O BOX 4358 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11081-00 6. County: RIO BLANCO
7. Well Name: North Piceance Unit Well Number: 196-19B1
8. Location: QtrQtr: SENE Section: 19 Township: 1S Range: 96W Meridian: 6
Footage at surface: Distance: 2494 feet Direction: FNL Distance: 423 feet Direction: FEL
As Drilled Latitude: 39.954937 As Drilled Longitude: -108.201444

GPS Data:

Data of Measurement: 11/23/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: D.P.

** If directional footage

at Top of Prod. Zone Distance: 2390 feet Direction: FNL Distance: 799 feet Direction: FWL
Sec: 20 Twp: 1S Rng: 96W
at Bottom Hole Distance: 2442 feet Direction: FSL Distance: 539 feet Direction: FWL
Sec: 20 Twp: 1S Rng: 96W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COC61462

12. Spud Date: (when the 1st bit hit the dirt) 09/07/2010 13. Date TD: 10/25/2010 14. Date Casing Set or D&A: 10/31/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 14761 TVD 14617 17 Plug Back Total Depth MD 14715 TVD 1457118. Elevations GR 6883 KB 6910

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, Compact Well Shuttle (Compensated Photo Density/Dual Neutron, LQC, Hole Volume, Array Induction, Compensated Sonic),
Compact Quad Combo Quicklook, Directional Survey

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	26	16	75.00	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	5,045	1,325	1,869	5,055	CALC
1ST	9+7/8	7	26.00	11,164	1,538	4,545	11,172	CALC
2ND	6+1/8	4+1/2	15.10	14,761	1,040	8,173	14,761	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,869	970	0	1,869

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	7,000	7,457	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	7,457	9,173	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	9,173	9,423	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	9,423	13,730	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	13,730	13,893	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	13,893	14,237	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	14,237	14,761	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Logs and directional survey will be sent overnight to the COGCC. CBL will be sent when it becomes available.

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: _____ Email: jackie.p.davis@exxonmobil.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400120712	CEMENT JOB SUMMARY
400120714	CEMENT JOB SUMMARY
400120715	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)