

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



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Document Number:

400090526

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: 77210-43

5. API Number 05-103-11088-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34B5
 8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6
 Footage at surface: Direction: FSL Distance: 793 Direction: FEL Distance: 952
 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 Distance: _____ Direction: _____ Distance: _____ Direction: _____
 at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
 9. Field Name: PICEANCE CREEK 10. Field Number: 68800
 11. Federal, Indian or State Lease Number: COD-035729

12. Spud Date: (when the 1st bit hit the dirt) 11/22/2008 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12677 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6638 KB 6651 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
REMEDIAL CEMENT

Cement work date: _____
 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	5,350	5,710	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,710	7,134	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,134	7,427	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,427	11,323	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,323	11,522	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,522	11,814	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,814	12,677	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Resubmitted to show corrected formation tops and bottom.

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: _____