

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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DRILLING COMPLETION REPORT

Document Number:

2610647

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: BEATRICE SABALA
2. Name of Operator: _____ Phone: (281) 654-1927
3. Address: _____ Fax: (281) 654-1940
City: _____ State: TX Zip: 77210-43

5. API Number 05-103-11482-00 6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT Well Number: 296-6A7
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
Footage at surface: Distance: 479 feet Direction: FSL Distance: 1922 feet Direction: FWL
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: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COD-035679

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2010 13. Date TD: 01/13/2010 14. Date Casing Set or D&A: 01/18/2010

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

16. Total Depth MD 13725 TVD 13683 17 Plug Back Total Depth MD 13610 TVD 13571

18. Elevations GR 7365 KB 7392 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		1596	4,511	1,245	1,596	4,528	CALC
1ST	9+7/8	7		0	9,522	1,275	4,010	9,522	CALC
2ND	6+1/8	4+1/2		0	13,702	1,015	6,957	13,725	

ADDITIONAL CEMENT

Cement work date: 12/15/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

STAGED MULTI-WELL PAD; LOTS & SURVEYS RUN WHEN ALL WELLS DRILLED. UPON RECEIPT, LOGS, LOG COPIES AND FINAL FORM 5 WILL BE FILED WITHIN 30 DAYS TO MEET COGCC DEADLINES

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

Signed: Y Print Name: BEATRICE SABALA

Title: TECHNICAL ASST. Date: 2/17/2010 Email: BEATRICE.SABALA@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: *David G. Neslin* Director of COGCC Date: 2/10/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)