

FORM
5A

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:

400090630

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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: 77210-43
4. Contact Name: Jackie Davis
Phone: (281) 654-1913
Fax: (281) 654-1940

5. API Number 05-103-11087-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 197-34B4
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 07/23/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 11697 Bottom: 11905 No. Holes: 72 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole:

Frac'd w/117,800# 40/70 & 25,000# 100 mesh.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 37 GOR: 0

Test Method: Flowing Casing PSI: 2996 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 07/23/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 11986 Bottom: 12043 No. Holes: 24 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd w/60,500# 40/70 & 13,100# 100 mesh.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 321 Bbls H2O: 80 GOR: 0

Test Method: Flowing Casing PSI: 2996 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/27/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 9438 Bottom: 11312 No. Holes: 480 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd w/894,100# 40/70 & 195,000# 100 mesh. Frac plugs @ 11,254'; 10,802' & 10,250'. DO all frac plugs.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2017 Bbls H2O: 500 GOR: 0

Test Method: Flowing Casing PSI: 2996 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400090633		PCU197-34B4 Schematic.pdf

Total Attach: 1 Files