

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400089974				
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: <u>28700</u>	4. Contact Name: <u>Jackie Davis</u>
2. Name of Operator: <u>EXXON MOBIL OIL CORPORATION</u>	Phone: <u>(281) 654-1913</u>
3. Address: <u>P O BOX 4358 WGR RM 310</u>	Fax: <u>(281) 654-1940</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77210-43</u>	

5. API Number <u>05-103-11089-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>PICEANCE CREEK UNIT</u>	Well Number: <u>197-34B9</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>PICEANCE CREEK</u> Field Code: <u>68800</u>	

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/31/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>11888</u> Bottom: <u>12055</u>	No. Holes: <u>48</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd w/74,400# 40/70 & 15,300# 100 mesh.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>08/20/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>176</u> Bbls H2O: <u>126</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2376</u> Tubing PSI: _____ Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1050</u> API Gravity Oil: <u>48</u>
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production:	

Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>CORCORAN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/31/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>12130</u> Bottom: <u>12678</u>	No. Holes: <u>72</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd w/195,900# 40/70 & 53,200# 100 mesh. Frac plug @ 12,188'.</u>	
This formation is commingled with another formation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Test Information:	
Date: <u>08/20/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>526</u> Bbls H2O: <u>376</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2376</u> Tubing PSI: _____ Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1050</u> API Gravity Oil: <u>48</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/05/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>9954</u> Bottom: <u>11564</u>	No. Holes: <u>420</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd w/1,077,100# 40/70 & 232,300# 100 mesh. Frac plugs @ 11,368'; 11,078'; 10,695' & 10,292'. DO all frac plugs.</u>	
This formation is commingled with another formation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Test Information:	
Date: <u>08/20/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>2452</u> Bbls H2O: <u>1752</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2376</u> Tubing PSI: _____ Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1050</u> API Gravity Oil: <u>48</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 9/2/2010 Email jackie.p.davis@exxonmobil.com
:

Attachment Check List

Att Doc Num	Name
400089974	FORM 5A SUBMITTED
400089991	

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)