


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400145413</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <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>05-103-11086-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>PICEANCE CREEK UNIT</u>		Well Number: <u>197-34B7</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>					
<u>Completed Interval</u>							
FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>07/31/2010</u>		Date of First Production this formation: <u>08/03/2010</u>					
Perforations Top: <u>11945</u>	Bottom: <u>12157</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"/>					
Frac'd w/ 176,000# 40/70 & 36,500# 100 mesh. Frac plug @ 12,076'.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>08/09/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>116</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>2752</u>	Tubing PSI: _____	Choke Size: <u>17/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1050</u>	API Gravity Oil: <u>48</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10910</u>	Tbg setting date: <u>11/24/2010</u>	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>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/30/2010</u>		Date of First Production this formation: <u>08/03/2010</u>			
Perforations	Top: <u>12189</u>	Bottom: <u>12739</u>	No. Holes: <u>60</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd w/ 162,600# 40/70 & 34,400# 100 mesh.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>08/09/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>277</u>	Bbls H2O: <u>150</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2752</u>	Tubing PSI: _____	Choke Size: <u>17/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1050</u>	API Gravity Oil: <u>48</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10910</u>	Tbg setting date: <u>11/24/2010</u>	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>08/03/2010</u>		Date of First Production this formation: <u>08/03/2010</u>			
Perforations	Top: <u>9614</u>	Bottom: <u>11579</u>	No. Holes: <u>444</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd w/ 1,077,700# 40/70 & 254,500# 100 mesh. Frac plugs @ 11,570'; 10,920'; 10,504' & 9,920'. DO all frac plugs.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>08/09/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1247</u>	Bbls H2O: <u>672</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2752</u>	Tubing PSI: _____	Choke Size: <u>17/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1050</u>	API Gravity Oil: <u>48</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10910</u>	Tbg setting date: <u>11/24/2010</u>	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: This Form 5A is being resubmitted to show installation of tubing.

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: 3/22/2011 Email jackie.p.davis@exxonmobil.com
:

Attachment Check List

Att Doc Num	Name
400145413	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)