


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400145340</div>	DE	ET	OE	ES				
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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.											
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<u>Completed Interval</u>											
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Treatment Date: <u>12/09/2011</u> Date of First Production this formation: <u>12/19/2010</u>											
Perforations Top: <u>11655</u> Bottom: <u>11862</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"/>											
<div style="border: 1px solid black; min-height: 20px;">fraced w/ 33750# 100 mesh & 162000# 40/70 sand proppant.</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
Date: <u>12/20/2010</u> Hours: <u>24</u> Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>											
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>56</u> Bbls H2O: <u>53</u> GOR: <u>0</u>											
Test Method: <u>flowing</u> Casing PSI: <u>2200</u> Tubing PSI: <u> </u> Choke Size: <u>15/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1020</u> API Gravity Oil: <u>0</u>											
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>											
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>											
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>											

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>12/07/2010</u>		Date of First Production this formation: <u>12/19/2010</u>			
Perforations	Top: <u>11885</u>	Bottom: <u>12431</u>	No. Holes: <u>120</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>fraced w/ 90000# 100 mesh & 432000# 40/70 sand proppant. frac plug @ 11875, drilled out.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>12/20/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>168</u>	Bbls H2O: <u>158</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>		
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>1020</u>	API Gravity Oil: <u>0</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>12/10/2010</u>		Date of First Production this formation: <u>12/19/2010</u>			
Perforations	Top: <u>9414</u>	Bottom: <u>11316</u>	No. Holes: <u>384</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>fraced w/ 293906# 100 mesh & 1410750# 40/70 sand proppant. frac plgs @ 9820, 10440, 10619, 11013, all drilled out.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>12/20/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>714</u>	Bbls H2O: <u>671</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1020</u>	API Gravity Oil: <u>0</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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: Beatrice Sabala

Title: Technical Assistant Date: 3/22/2011 Email: beatrice.sabala@exxonmobil.com
:

Attachment Check List

Att Doc Num	Name
400145340	FORM 5A SUBMITTED
400145414	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)