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|---|--|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><div style="text-align: center; font-weight: bold;">400164837</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>05-103-11082-00</u>  |  | 6. County: <u>RIO BLANCO</u>  |   |    |    |    |    |
| 7. Well Name: <u>PICEANCE CREEK UNIT</u>  |  | Well Number: <u>197-34B8</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>WASATCH G</u>   |  | Status: <u>INJECTING</u>  |   |    |    |    |    |
| Treatment Date: <u>03/04/2011</u>   |  | Date of First Production this formation: _____                                      |   |    |    |    |    |
| Perforations Top: <u>5667</u>   | Bottom: <u>5677</u>  | No. Holes: <u>60</u>  | Hole size: <u>0.35</u>  |    |    |    |    |
| Provide a brief summary of the formation treatment:   |  | Open Hole: <input type="checkbox"/>   |   |    |    |    |    |
| <div style="border: 1px solid black; padding: 2px;">No treatment.</div>   |  |   |   |    |    |    |    |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |   |    |    |    |    |
| <b>Test Information:</b>  |  |   |   |    |    |    |    |
| Date: _____   | Hours: _____   | Bbls oil: _____   | Mcf Gas: _____  |    |    |    |    |
| Calculated 24 hour rate:  |  | Bbls oil: _____   | Mcf Gas: _____  |    |    |    |    |
| Test Method: _____  |  | Casing PSI: _____   | Tubing PSI: _____   |    |    |    |    |
| Gas Disposition: _____  |  | Gas Type: _____   | BTU Gas: _____  |    |    |    |    |
| Tubing Size: <u>2 + 7/8</u>   |  | Tubing Setting Depth: <u>5649</u>   | Tbg setting date: <u>03/09/2011</u>   |    |    |    |    |
| Reason for Non-Production:  |  | Packer Depth: <u>5640</u>   |   |    |    |    |    |
| <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>   |  |   |   |    |    |    |    |
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  |  |   |   |    |    |    |    |
| Signed: _____   |  | Print Name: <u>Jackie Davis</u>   |   |    |    |    |    |
| Title: <u>Support Staff Tech Asst</u>   |  | Date: <u>5/16/2011</u>  | Email <u>jackie.p.davis@exxonmobil.com</u>  |    |    |    |    |

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400164837   | FORM 5A SUBMITTED |
| 400164839   | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)