

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400164837</div>				
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"/>
<input type="checkbox"/> No treatment.	
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: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5649</u> Tbg setting date: <u>03/09/2011</u> Packer Depth: <u>5640</u>	
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: \_\_\_\_\_

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: 5/16/2011 Email jackie.p.davis@exxonmobil.com

### Attachment Check List

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

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)