


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="text-align: center; font-weight: bold;">400167754</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>05-103-11373-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>PICEANCE CREEK UNIT</u>		Well Number: <u>297-11B6</u>					
8. Location: QtrQtr: <u>SESE</u>	Section: <u>11</u>	Township: <u>2S</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>03/24/2010</u>		Date of First Production this formation: <u>04/12/2010</u>					
Perforations Top: <u>11731</u>	Bottom: <u>11876</u>	No. Holes: <u>48</u>	Hole size: <u>0.28</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 2px;"> Frac'd w/ 22,800# 100 mesh & 79,500# 40/70 mesh. </div>							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>04/13/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>198</u> Bbls H2O: <u>67</u> GOR: <u>0</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>3088</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1082</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10200</u>	Tbg setting date: <u>05/09/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; 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: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/24/2010</u>		Date of First Production this formation: <u>04/12/2010</u>		
Perforations	Top: <u>12040</u>	Bottom: <u>12214</u>	No. Holes: <u>48</u>	Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac'd w/ 15,000# 100 mesh & 71,500# 40/70 mesh.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: <u>04/13/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>583</u>	Bbls H2O: <u>196</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>3088</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1082</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>10200</u>	Tbg setting date: <u>05/09/2011</u>	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>03/24/2010</u>		Date of First Production this formation: <u>04/12/2010</u>		
Perforations	Top: <u>9181</u>	Bottom: <u>11480</u>	No. Holes: <u>456</u>	Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac'd w/ 248,200# 100 mesh & 1,116,300# 40/70 mesh. Frac plugs @ 11,468'; 11,185'; 10,865'; 10,357' & 9,730'. DO all plugs.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: <u>04/13/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2519</u>	Bbls H2O: <u>848</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>3088</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1082</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>10200</u>	Tbg setting date: <u>05/09/2011</u>	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; padding: 2px;">This Form 5A is being resubmitted to show installation of tubing.</div>

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: 5/23/2011 Email jackie.p.davis@exxonmobil.com
:

Attachment Check List

Att Doc Num	Name
400167754	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)