

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



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Document Number:

400221958

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: 28700 4. Contact Name: Jackie Davis
 2. Name of Operator: EXXON MOBIL OIL CORPORATION Phone: (281) 654-1913
 3. Address: P O BOX 4358 WGR RM 310 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11478-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 296-6A5
 8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
 9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 09/08/2011 Date of First Production this formation: 09/11/2011
 Perforations Top: 12630 Bottom: 12876 No. Holes: 72 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
Frac'd w/ 40,600# 100 mesh & 191,800# 40/70 sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/26/2011 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 104 Bbls H2O: 23 GOR: 0
 Test Method: Flowing Casing PSI: 1348 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 975 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 09/08/2011 Date of First Production this formation: 09/11/2011

Perforations Top: 12924 Bottom: 12986 No. Holes: 24 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd w/ 29,100# 100 mesh & 142,900# 40/70 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/26/2011 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 259 Bbls H2O: 58 GOR: 0

Test Method: Flowing Casing PSI: 1348 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 975 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/10/2011 Date of First Production this formation: 09/11/2011

Perforations Top: 10652 Bottom: 12331 No. Holes: 312 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd w/ 173,800# 100 mesh & 887,400# 40/70 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/26/2011 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1267 Bbls H2O: 282 GOR: 0

Test Method: Flowing Casing PSI: 1348 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 975 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____
Corcoran perforations @ 13,285' - 13, 287' isolated by CIBP set @ 13,210' with top of cement @ 13,174'.

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 Assist Date: 11/8/2011 Email jackie.p.davis@exxonmobil.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400221958	FORM 5A SUBMITTED
400221977	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--oper. provided BTU	12/1/2011 8:09:53 AM
Permit	on hold--need BTU	11/15/2011 8:27:11 AM

Total: 2 comment(s)