

**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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| DE | ET | OE | ES |
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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: \_\_\_\_\_



### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 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<br>8:09:53 AM  |
| Permit            | on hold--need BTU            | 11/15/2011<br>8:27:11 AM |

Total: 2 comment(s)