

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:

400233702

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

5. API Number 05-103-11185-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 197-36A6
8. Location: QtrQtr: NESW Section: 36 Township: 1S Range: 97W Meridian: 6
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

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| FORMATION: COZZETTE | Status: PRODUCING |
| Treatment Date: 10/19/2011 | Date of First Production this formation: 10/20/2011 |
| Perforations Top: 12714 Bottom: 12956 | No. Holes: 48 Hole size: 0.34 |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Frac'd w/ 11,100# 100 mesh & 54,300# 40/70 mesh. | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | |
| Date: 11/14/2011 Hours: 24 | Bbls oil: Mcf Gas: Bbls H2O: |
| Calculated 24 hour rate: | Bbls oil: 0 Mcf Gas: 176 Bbls H2O: 66 GOR: 0 |
| Test Method: Flowing | Casing PSI: 3224 Tubing PSI: Choke Size: 13/64 |
| Gas Disposition: SOLD | Gas Type: WET BTU Gas: API Gravity Oil: |
| Tubing Size: | Tubing Setting Depth: Tbg setting date: Packer Depth: |
| 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: | |

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| FORMATION: <u>CORCORAN</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>10/18/2011</u> | | Date of First Production this formation: <u>10/20/2011</u> | | | |
| Perforations | Top: <u>13038</u> | Bottom: <u>13272</u> | No. Holes: <u>36</u> | Hole size: <u>0.34</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Frac'd w/ 13,90# 100 mesh & 68,000# 40/70 mesh. | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>11/14/2011</u> | Hours: <u>24</u> | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>284</u> | Bbls H2O: <u>106</u> | GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>3224</u> | Tubing PSI: _____ | Choke Size: <u>13/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| 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: _____ | | | |

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| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>10/21/2011</u> | | Date of First Production this formation: <u>10/20/2011</u> | | | |
| Perforations | Top: <u>10158</u> | Bottom: <u>12422</u> | No. Holes: <u>444</u> | Hole size: <u>0.34</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Frac'd w/ 184,200# 100 mesh & 860,000# 40/70 mesh. | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>11/14/2011</u> | Hours: <u>24</u> | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>2192</u> | Bbls H2O: <u>820</u> | GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>3224</u> | Tubing PSI: _____ | Choke Size: <u>13/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| 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: _____ | | | |

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| Comment: _____ |
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| 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: _____ | Email <u>jackie.p.davis@exxonmobil.com</u> | |

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400233708 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)