

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400274905

Date Received:

04/20/2012

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: Dee Johnson

2. Name of Operator: EXXON MOBIL OIL CORPORATION

Phone: (505) 333-3164

3. Address: P O BOX 4358 WGR RM 310

Fax: (505) 333-3670

City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11248-00

6. County: RIO BLANCO

7. Well Name: PICEANCE CREEK UNIT

Well Number: 296-5A1

8. Location: QtrQtr: NWNW Section: 5 Township: 2S Range: 96W Meridian: 6

9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 11/12/2011

Date of First Production this formation: 11/22/2011

| | | | | | | | | |
|--------------|------|-------|---------|-------|------------|-----|------------|------|
| Perforations | Top: | 11180 | Bottom: | 12722 | No. Holes: | 312 | Hole size: | 0.34 |
|--------------|------|-------|---------|-------|------------|-----|------------|------|

Provide a brief summary of the formation treatment:

Open Hole:

Frac'd w/664,700# 40/70 mesh & 137,300# 100 mesh.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|--|----------|--|-----------|--|
| Date: | 12/18/2011 | Hours: | 24 | Bbls oil: | | Mcf Gas: | | Bbls H2O: | |
|-------|------------|--------|----|-----------|--|----------|--|-----------|--|

| | | | | | | | | |
|--------------------------|-----------|---|----------|------|-----------|-----|------|---|
| Calculated 24 hour rate: | Bbls oil: | 0 | Mcf Gas: | 1839 | Bbls H2O: | 179 | GOR: | 0 |
|--------------------------|-----------|---|----------|------|-----------|-----|------|---|

| | | | |
|----------------------|------------------|---------------|-------------------|
| Test Method: Flowing | Casing PSI: 1392 | Tubing PSI: 0 | Choke Size: 12/64 |
|----------------------|------------------|---------------|-------------------|

| | | | | | | | |
|------------------|------|-----------|-----|----------|-----|------------------|---|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | 980 | API Gravity Oil: | 1 |
|------------------|------|-----------|-----|----------|-----|------------------|---|

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11997 Tbg setting date: 03/07/2012 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Dolena Johnson

Title: Reg Compliance Tech Date: 4/20/2012 Email: dee_johnson@xtoenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400274905 | FORM 5A SUBMITTED |
| 400274906 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)