

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 07/30/2010 Date of First Production this formation: 08/03/2010

Perforations Top: 12189 Bottom: 12739 No. Holes: 60 Hole size: 0.34

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

Frac'd w/162,600# 40/70 & 34,400# 100 mesh.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/09/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 277 Bbls H2O: 150 GOR: 0

Test Method: Flowing Casing PSI: 2752 Tubing PSI: _____ Choke Size: 17/64

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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/03/2010 Date of First Production this formation: 08/03/2010

Perforations Top: 9614 Bottom: 11579 No. Holes: 444 Hole size: 0.34

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

Frac'd w/1,077,700# 40/70 & 254,500# 100 mesh. Frac plugs @ 11,570'; 10,920'; 10,504' & 9,920'. DO all frac plugs.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/09/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1247 Bbls H2O: 672 GOR: 0

Test Method: Flowing Casing PSI: 2752 Tubing PSI: _____ Choke Size: 17/64

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: 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: Jackie Davis _____

Title: Support Staff Tech Asst _____

Date: _____

Email jackie.p.davis@exxonmobil.com
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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	Doc Description
400089971		PCU 197-34B7 Schematic.pdf

Total Attach: 1 Files