

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:

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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: 77210-43  
4. Contact Name: Jackie Davis  
Phone: (281) 654-1913  
Fax: (281) 654-1940

5. API Number 05-103-11088-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT  
Well Number: 197-34B5  
8. Location: QtrQtr: SESE Section: 34 Township: 1S Range: 97W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 07/22/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 11663 Bottom: 11665 No. Holes: 12 Hole size: 0.34

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

Frac'd w/67,625# 40/70 & 14,075# 100 mesh. Frac plug @ 11,264'.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 42 GOR: 0

Test Method: Flowing Casing PSI: 3079 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

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: CORCORAN Status: PRODUCING

Treatment Date: 07/22/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 11829 Bottom: 12108 No. Holes: 36 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd w/202,875# 40/70 & 42,225# 100 mesh.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 539 Bbls H2O: 123 GOR: 0

Test Method: Flowing Casing PSI: 3079 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

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: 07/28/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 9725 Bottom: 11233 No. Holes: 348 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd w/962,800# 40/70 & 205,200# 100 mesh. Frac plugs @ 10,692' & 10,114'. DO all frac plugs.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2434 Bbls H2O: 555 GOR: 0

Test Method: Flowing Casing PSI: 3079 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

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
400090598		PCU 197-34B5 Schematic.pdf

Total Attach: 1 Files