

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:

400090586

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: 77210-43

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: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/22/2010</u>		Date of First Production this formation: <u>07/30/2010</u>	
Perforations	Top: <u>11663</u> Bottom: <u>11665</u>	No. Holes: <u>12</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd w/67,625# 40/70 & 14,075# 100 mesh. Frac plug @ 11,264'.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>08/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>182</u>	Bbls H2O: <u>42</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>3079</u>	Tubing PSI: <u> </u>	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/22/2010</u>		Date of First Production this formation: <u>07/30/2010</u>			
Perforations	Top: <u>11829</u>	Bottom: <u>12108</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"/>		
<div style="border: 1px solid black; padding: 2px;">Frac'd w/202,875# 40/70 & 42,225# 100 mesh.</div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>08/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>539</u>	Bbls H2O: <u>123</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>3079</u>	Tubing PSI: _____	Choke Size: <u>14/64</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:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/28/2010</u>		Date of First Production this formation: <u>07/30/2010</u>			
Perforations	Top: <u>9725</u>	Bottom: <u>11233</u>	No. Holes: <u>348</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac'd w/962,800# 40/70 & 205,200# 100 mesh. Frac plugs @ 10,692' & 10,114'. DO all frac plugs.</div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>08/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2434</u>	Bbls H2O: <u>555</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>3079</u>	Tubing PSI: _____	Choke Size: <u>14/64</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:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

Comment:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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