

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:

400096306

**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: Beatrice Sabala  
Phone: (281) 654-2685  
Fax: (281) 654-1940

5. API Number 05-103-11329-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT  
Well Number: T25X-25G1  
8. Location: QtrQtr: NWSW Section: 25 Township: 1S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/17/2010</u>	Date of First Production this formation: <u>08/21/2010</u>
Perforations Top: <u>12569</u> Bottom: <u>12854</u>	No. Holes: <u>96</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Fraced w/ 216,000# 40/70 &amp; 45,000# 100 mesh proppant.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/22/2010</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>195</u> Bbls H2O: <u>216</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>2496</u> Tubing PSI: _____ Choke Size: <u>30/64</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: _____	

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/17/2010</u>		Date of First Production this formation: <u>08/21/2010</u>	
Perforations	Top: <u>12926</u>	Bottom: <u>13446</u>	No. Holes: <u>108</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Fraced w/ 290,250# 40/70 & 60,469#100 mesh proppant. Set frac plug at 12,944. Plug drilled out.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>08/22/2010</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>461</u> Bbls H2O: <u>510</u> GOR: <u>      </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2496</u>	Tubing PSI: <u>      </u>	Choke Size: <u>30/64</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:			
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>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/19/2010</u>		Date of First Production this formation: <u>08/21/2010</u>	
Perforations	Top: <u>9665</u>	Bottom: <u>12263</u>	No. Holes: <u>432</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Fraced w/ 951,750# 40/70 & 198,281# 100 mesh proppant. Set frac plug @ 10,650 - 11,212, 11,776 - 12,244. Drilled out all plugs.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>08/22/2010</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>2335</u> Bbls H2O: <u>2583</u> GOR: <u>      </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2496</u>	Tubing PSI: <u>      </u>	Choke Size: <u>30/64</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:			
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>	

Comment:

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

Signed: \_\_\_\_\_

Print Name: Beatrice Sabala

Title: Technical Assistant

Date: \_\_\_\_\_

Email beatrice.sabala@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
400096344		PCU T25X-25G1_Wellbore Schematic_0910.pdf

Total Attach: 1 Files