

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 08/17/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 12926 Bottom: 13446 No. Holes: 108 Hole size: 0.34

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

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: Yes No

Test Information:

Date: 08/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 461 Bbls H2O: 510 GOR: _____

Test Method: Flowing Casing PSI: 2496 Tubing PSI: _____ Choke Size: 30/64

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: 08/19/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 9665 Bottom: 12263 No. Holes: 432 Hole size: 0.34

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

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: Yes No

Test Information:

Date: 08/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2335 Bbls H2O: 2583 GOR: _____

Test Method: Flowing Casing PSI: 2496 Tubing PSI: _____ Choke Size: 30/64

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: Beatrice Sabala

Title: Technical Assistant

Date: _____

Email: beatrice.sabala@exxonmobil.com

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