

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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COMPLETED INTERVAL REPORT

Document Number:  
2554957

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 05-103-11366-00  
6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT  
Well Number: 297-10B4  
8. Location: QtrQtr: NWSE Section: 10 Township: 2S Range: 97W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: COZZETTE Status: PRODUCING  
Treatment Date: 04/25/2010 Date of First Production this formation: 04/30/2010  
Perforations Top: 11653 Bottom: 11655 No. Holes: 12 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole:   
FRAC W/73,475# PROPPANT (60,856# 40/70 & 12,619# 100 MESH).  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 05/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 15  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 15 GOR: 0  
Test Method: FLOWING Casing PSI: 2500 Tubing PSI: Choke Size: 15/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: 04/25/2010 Date of First Production this formation: 04/30/2010

Perforations Top: 11870 Bottom: 12330 No. Holes: 48 Hole size: 34/100

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

FRAC W/285,748# PROPPANT (49,075# 100 MESH & 236,673# 40/70).

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 468 Bbls H2O: 91

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 468 Bbls H2O: 91 GOR: 0

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: \_\_\_\_\_ Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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 Status: PRODUCING

Treatment Date: 04/27/2010 Date of First Production this formation: 04/30/2010

Perforations Top: 10070 Bottom: 11165 No. Holes: 252 Hole size: 34/100

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

FRAC W/874,502# PROPPANT (724,473# 40/70 & 150,029# 100 MESH). FRAC PLUGS @ 11,220'; & 10,555'.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2060 Bbls H2O: 402

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2060 Bbls H2O: 402 GOR: 0

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: \_\_\_\_\_ Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: TECHNICAL ASST. Date: 5/26/2010 Email: JACKIE.P.DAVIS@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: David S. Nashin Director of COGCC Date: 10/22/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554956	WELLBORE DIAGRAM	LF@2501615 2554956
2554957	FORM 5A SUBMITTED	LF@2501614 2554957

Total Attach: 2 Files