

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:

2554957

**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 05-103-11366-00 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: <u>COZZETTE</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>04/25/2010</u>		Date of First Production this formation: <u>04/30/2010</u>		
Perforations	Top: <u>11653</u>	Bottom: <u>11655</u>	No. Holes: <u>12</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>FRAC W/73,475# PROPPANT (60,856# 40/70 &amp; 12,619# 100 MESH).</u>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>05/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>75</u>	Bbls H2O: <u>15</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>75</u>	Bbls H2O: <u>15</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2500</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1070</u>	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: 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. Neslin 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