

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:

2555319

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 05-103-11374-00 6. County: RIO BLANCO
 7. Well Name: PICEANCE CREEK UNIT Well Number: 297-11B5
 8. Location: QtrQtr: SESE Section: 11 Township: 2S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 03/12/2010 Date of First Production this formation: 03/25/2010
 Perforations Top: 12010 Bottom: 12156 No. Holes: 60 Hole size: 28/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
FRAC'D W/97,400# PROPPANT (18,800# 100 MESH & 78,600# 40/70 MESH).
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 48
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 48 GOR: _____
 Test Method: FLOWING Casing PSI: 2555 Tubing PSI: _____ Choke Size: 20/64
 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: 03/12/2010 Date of First Production this formation: 03/25/2010

Perforations Top: 12303 Bottom: 12354 No. Holes: 24 Hole size: 28/100

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

FRAC'D W/43,100# PROPPANT (7,400# 100 MESH & 35,700#40/70 MESH)

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 84

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 84 GOR: 0

Test Method: FLOWING Casing PSI: 2555 Tubing PSI: _____ Choke Size: 20/64

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: 03/12/2010 Date of First Production this formation: 03/25/2010

Perforations Top: 9618 Bottom: 11716 No. Holes: 432 Hole size: 28/100

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

FRAC'D W/1,092,000# PROPPANT (188,600# 100 MESH & 903,400# 40/70# MESH). FRAC PLUGS@ 11,540';11,130';10,523';10,198';& BRIDGE PLUG@ 11,127'. DO ALL PLUGS.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2009 Bbls H2O: 590

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2009 Bbls H2O: 590 GOR: 0

Test Method: FLOWING Casing PSI: 2555 Tubing PSI: _____ Choke Size: 20/64

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: SUPPORT STAFF TECHNICAL A Date: 6/4/2010 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: 11/3/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555319	FORM 5A SUBMITTED	LF@2503322 2555319
2555320	WELLBORE DIAGRAM	LF@2503323 2555320

Total Attach: 2 Files