

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:

2555338

**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 05-103-11378-01 6. County: RIO BLANCO  
7. Well Name: PICEANCE CREEK UNIT Well Number: 297-11B1  
8. Location: QtrQtr: SESE Section: 11 Township: 2S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/14/2010</u>	Date of First Production this formation: <u>03/23/2010</u>
Perforations Top: <u>11832</u> Bottom: <u>12074</u>	No. Holes: <u>48</u> Hole size: <u>28/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC'D W/221,800# PROPPANT(34,000# 100 MESH &amp; 187,800#40/70 MESH). BRIDGE PLUG @ 12,100'.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/03/2010</u> Hours: <u>24</u> Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>158</u> Bbls H2O: <u>45</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>1276</u> Tubing PSI: _____ Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1072</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: 03/12/2010 Date of First Production this formation: 03/23/2010

Perforations Top: 12209 Bottom: 12423 No. Holes: 36 Hole size: 28/100

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

FRAC'D W/80,200# PROPPANT (17,300# 100 MESH & 62,900# 40/70 MESH).

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 04/03/2010 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 418 Bbls H2O: 118 GOR: 0

Test Method: FLOWING Casing PSI: 1276 Tubing PSI: \_\_\_\_\_ Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1072 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: 03/14/2010 Date of First Production this formation: 03/23/2010

Perforations Top: 9470 Bottom: 11573 No. Holes: 444 Hole size: 28/100

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

FRAC'D W/1,027,600# PROPPANT(179,000# 100 MESH & 848,600# 40/70 # MESH). FRAC PLGS@11,310';10,910';9,948' & 9,682'. DO ALL PLUGS.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 04/03/2010 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1912 Bbls H2O: 538 GOR: 0

Test Method: FLOWING Casing PSI: 1276 Tubing PSI: \_\_\_\_\_ Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1072 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: SUP STAFF TECH ASSISTANT 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: 11/8/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555338	FORM 5A SUBMITTED	LF@2503303 2555338
2555339	WELLBORE DIAGRAM	LF@2503304 2555339

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	BTU Gas values from prod rept 10/10.	11/8/2010 8:44:14 AM

Total: 1 comment(s)