

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:

2555855

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 05-103-11372-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 297-11B7
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: 03/23/2010 Date of First Production this formation: 05/08/2010

Perforations Top: 11771 Bottom: 11947 No. Holes: 60 Hole size: 28/100

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

FRAC'D W/ 102,700# PROPPANT (17,800# 100 MESH & 84,900# 40/70 MESH). FRAC PLUG @ 11,500'.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 206 Bbls H2O: 24

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 206 Bbls H2O: 24 GOR: _____

Test Method: FLOWING Casing PSI: 1635 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1172 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: 03/23/2010 Date of First Production this formation: 05/08/2010

Perforations Top: 12046 Bottom: 12229 No. Holes: 36 Hole size: 28/100

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

FRAC'D W/ 70,300# PROPPANT (12,400# 100 MESH & 57,900# 40/70 MESH).

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 437 Bbls H2O: 50

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 437 Bbls H2O: 50 GOR: 0

Test Method: FLOWING Casing PSI: 1635 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1172 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: 03/24/2010 Date of First Production this formation: 05/08/2010

Perforations Top: 9313 Bottom: 11440 No. Holes: 396 Hole size: 28/100

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

FRAC'D W/ 1,529,797# PROPPANT (265,922# 100 MESH & 1,263,875# 40/70 MESH). FRAC PLUG @ 11,310'; 10,941'; 10,936', & 10,202'. DO ALL PLUGS.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2583 Bbls H2O: 298

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2583 Bbls H2O: 298 GOR: 0

Test Method: FLOWING Casing PSI: 1635 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1172 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 TECH ASST Date: 6/15/2010 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: 11/10/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555855	FORM 5A SUBMITTED	LF@2507963 2555855
2555856	WELLBORE DIAGRAM	LF@2507964 2555856

Total Attach: 2 Files