

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 09/19/2011 Date of First Production this formation: 09/21/2011

Perforations Top: 13173 Bottom: 13742 No. Holes: 60 Hole size: 0.34

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

Frac'd w/ 52,400# 100 mesh & 260,000# 40/70 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/07/2011 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 483 Bbls H2O: 266 GOR: 0

Test Method: Flowing Casing PSI: 2629 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ 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: 09/21/2011 Date of First Production this formation: 09/21/2011

Perforations Top: 10101 Bottom: 12567 No. Holes: 516 Hole size: 0.34

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

Frac'd w/ 241,300# 100 mesh & 1,139,800# 40/70 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/07/2011 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2669 Bbls H2O: 1471 GOR: 0

Test Method: Flowing Casing PSI: 2629 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ 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: _____

This Form 5A is being resubmitted to show corrected Cozzette treatment date.

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 Assist Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400223008	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)