

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:

400223006

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
2. Name of Operator: EXXON MOBIL OIL CORPORATION
3. Address: P O BOX 4358 WGR RM 310
City: HOUSTON State: TX Zip: 77210-
4. Contact Name: Jackie Davis
Phone: (281) 654-1913
Fax: (281) 654-1940

5. API Number 05-103-11483-00
6. County: RIO BLANCO
7. Well Name: PICEANCE CREEK UNIT
Well Number: 296-6A9
8. Location: QtrQtr: SESW Section: 6 Township: 2S Range: 96W Meridian: 6
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 09/19/2011 Date of First Production this formation: 09/21/2011
Perforations Top: 12847 Bottom: 13112 No. Holes: 72 Hole size: 0.34

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

Frac'd w/ 23,900# 100 mesh & 119,900# 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: 231 Bbls H2O: 127 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: 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)