

FORM  
5  
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



DE ET OE ES

Document Number:  
1637968

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 28600 4. Contact Name: BEATRICE SABALA  
2. Name of Operator: EXXON MOBIL CORPORATION Phone: (713) 431-1125  
3. Address: P O BOX 4358 Fax: (713) 431-1619  
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11426-00 6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT Well Number: 197-33B4  
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage  
at Top of Prod. Zone Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
11. Federal, Indian or State Lease Number: COC60722

12. Spud Date: (when the 1st bit hit the dirt) 02/24/2010 13. Date TD: 03/09/2010 14. Date Casing Set or D&A: 03/11/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12371 TVD 12331 17 Plug Back Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_

18. Elevations GR 6446 KB 6476 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run: \_\_\_\_\_

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	16		120	96	120	0
SURF	14+3/4	10+3/4		4,386	1,150	4,386	1,345
1ST	6+1/8	4+1/2		12,355	2,489	12,355	4,586

REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CORCORAN			<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE			<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK			<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH G			<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Beatrice Sabala

Title: Tech Asst Date: 4/8/2010 Email: beatrice.sabala@exxonmobil.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 6/21/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
1637968	FORM 5 SUBMITTED	LF@2480844 1637968
1637969	CMT SUMMARY	LF@2480845 1637969
1637970	CMT SUMMARY	LF@2480847 1637970
1637991	CORRESPONDENCE	LF@2493315 1637991

Total Attach: 4 Files