

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:

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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: (281) 654-2685
3. Address: P O BOX 4358 Fax: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11422-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-33B9
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6
Footage at surface: Direction: FNL Distance: 2411 Direction: FEL Distance: 1411
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) 04/09/2010 13. Date TD: 08/01/2010 14. Date Casing Set or D&A: 08/04/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12300 TVD 12173 17 Plug Back Total Depth MD 12200 TVD 12073

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	75.00	120	96	120	0
SURF	14+3/4	10+3/4	45.50	3,940	1,140	3,950	1,300
2ND	8+3/4	4+1/2	15.10	12,290	2,900	12,300	4,150

REMEDIAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,300	952	0	1,300

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

Comment:

Staged multi-wll pad; logs & surveys run when all wells drilled. Upon receipt, logs, log copies and Final Form 5 will be filed within 30 days to meet COGCC deadline.

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: Technical Asst. Date: _____ Email: beatrice.sabala@exxonmobil.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400090001		FRU 197-33B9_PJS Cmt Production Casing_0910.pdf

Total Attach: 1 Files