

**FORM**  
**5**Rev  
02/08State 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:

400107899

**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 05-103-11426-00 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: Distance: 2407 feet Direction: FNL Distance: 1399 feet Direction: FEL  
As Drilled Latitude: 39.921334 As Drilled Longitude: -108.282520

## GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: D Petty

## \*\* If directional footage

at Top of Prod. Zone Distance: 2588 feet Direction: FSL Distance: 1186 feet Direction: FEL  
Sec: 33 Twp: 1S Rng: 97W  
at Bottom Hole Distance: 2413 feet Direction: FSL Distance: 1132 feet Direction: FEL  
Sec: 33 Twp: 1S Rng: 97W

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 ☐ Observation16. Total Depth MD 12371 TVD 12331 17 Plug Back Total Depth MD 0 TVD 018. 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:

Gasview, Radial Analysis Bond Log, Reservoir Performance Monitor, Mug Logs, Directional Survey

## 20. Casing, Liner and Cement:

### CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR   | 26           | 16             | 75.00           | 120           | 96           | 0          | 120        | CALC   |
| SURF        | 14+3/4       | 10+3/4         | 45.50           | 4,386         | 1,150        | 1,345      | 4,400      | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 15.10           | 12,355        | 2,489        | 4,586      | 12,371     | CALC   |

### ADDITIONAL CEMENT

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

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

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | SURF   | 1,345                             | 1,150         | 0          | 1,345         |

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                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment: \_\_\_\_\_

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 Assistant 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 |
|-------------|------|
| 400107999   |      |

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)