

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

DRILLING COMPLETION REPORT

Document Number:  
400108125

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  
2. Name of Operator: EXXON MOBIL CORPORATION  
3. Address: P O BOX 4358  
City: HOUSTON State: TX Zip: 77210-43  
4. Contact Name: Beatrice Sabala  
Phone: (281) 654-2685  
Fax: (281) 654-1940

5. API Number 05-103-11421-00  
6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT  
Well Number: 197-33B8  
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Distance: 2397 feet Direction: FNL Distance: 1406 feet Direction: FEL  
As Drilled Latitude: 39.921362 As Drilled Longitude: -108.282547

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: 1670 feet Direction: FNL Distance: 2431 feet Direction: FWL  
Sec: 33 Twp: 1S Rng: 97W  
at Bottom Hole Distance: 1814 feet Direction: FNL Distance: 2548 feet Direction: FWL  
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) 01/24/2010 13. Date TD: 02/19/2010 14. Date Casing Set or D&A: 02/22/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12830 TVD 12499 17 Plug Back Total Depth MD 12800 TVD 12469

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:

Radial Analysis Bond Log, Reservoir Performance Monitor, Gasview, Compact Drop Off LQC Log, Compact Drop Off Compensated Sonci Log, Compact Drop Off Array Induction Shallow Focused Log, Compact Drop off Hole Volume Log, Compact Drop Off Compensated Photo Density Compensated Dual Deuteron Log, Compact Well Shuttle Array Induction Shallow Focused Log, Compact Well Shuttle LQC Log, Compact Well Shuttle Compensated Photo Density Compensated Dual Neutron Log, Compact Well Shuttle Hole Volume Log, Compact Well Shuttle Compensated Sonic Log, Correlation Log Gamma Ray / CCL Imaging Behind Casing Ultrasonic Tool Gamma Ray / CCL, 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           | 4,086         | 1,140        | 1,312      | 4,105      | CALC   |
| S.C. 1.1    | 9+7/8        | 7              | 26.00           | 8,657         | 1,140        | 4,305      | 8,701      | CALC   |
| S.C. 2.1    | 6+1/8        | 4+1/2          | 15.10           | 12,815        | 945          | 6,421      | 12,830     | 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   | 1,312                             | 990           | 0          | 1,312         |

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 |
|-------------|------|
| 400108251   |      |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)