

FORM
5Rev
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:

400108125

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 05-103-11421-00 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 ☐ Observation16. Total Depth MD 12830 TVD 12499 17 Plug Back Total Depth MD 12800 TVD 1246918. 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 / CCLImaging 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

User Group	Comment	Comment Date

Total: 0 comment(s)