

FORM
5A

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



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Document Number:

400143842

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-103-11425-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-33B5
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 11/28/2010 Date of First Production this formation: 12/09/2010
Perforations Top: 11573 Bottom: 11685 No. Holes: 24 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fraced w/ 12656# 100 mesh & 60750# 40/70 sand proppant.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 12/19/2010 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 79 Bbls H2O: 68 GOR: 0
Test Method: flowing Casing PSI: 1749 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>11/23/2010</u>		Date of First Production this formation: <u>12/09/2010</u>			
Perforations	Top: <u>11772</u>	Bottom: <u>12222</u>	No. Holes: <u>108</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Fraced w/ 63281# 100 mesh & 303750# 40/70 sand proppant. Frac plg @ 12060, drilled out.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>12/19/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>177</u>	Bbls H2O: <u>152</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1749</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>11/28/2010</u>		Date of First Production this formation: <u>12/09/2010</u>			
Perforations	Top: <u>8858</u>	Bottom: <u>11195</u>	No. Holes: <u>420</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Fraced w/ 324844# 100 mesh & 1559250# 40/70 sand proppant. Frac plugs @ 9832, 10528, 11022, all drilled out.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>12/19/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1003</u>	Bbls H2O: <u>860</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1749</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

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 Assistnat

Date: _____

Email beatrice.sabala@exxonmobil.com

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Attachment Check List

Att Doc Num	Name
400143856	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)