


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em;">2511553</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>28600</u>		4. Contact Name: <u>BEATRICE SABALA</u>					
2. Name of Operator: <u>EXXON MOBIL CORPORATION</u>		Phone: <u>(281) 654-2685</u>					
3. Address: <u>P O BOX 4358</u>		Fax: <u>(281) 654-1940</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77210-43</u>					
5. API Number <u>05-103-11424-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>FREEDOM UNIT</u>		Well Number: <u>197-33B6</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>33</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2368</u> feet Direction: <u>FNL</u> Distance: <u>1397</u> feet Direction: <u>FEL</u>							
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 Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____							
Sec: _____ Twp: _____ Rng: _____							
** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____							
Sec: _____ Twp: _____ Rng: _____							
9. Field Name: <u>PICEANCE CREEK</u>		10. Field Number: <u>68800</u>					
11. Federal, Indian or State Lease Number: <u>COC60722</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>03/31/2010</u> 13. Date TD: <u>07/16/2010</u> 14. Date Casing Set or D&A: <u>07/19/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>12775</u> TVD** <u>12542</u>		17 Plug Back Total Depth MD <u>12670</u> TVD** <u>12437</u>					
18. Elevations GR <u>6459</u> KB <u>6489</u>		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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	120	96	120	0	CALC
SURF	14+3/4	10+3/4		1334	4,055	1,175	4,083	1,334	CALC
1ST	8+3/4	4+1/2		0	12,760	2,192	6,150	12,775	CBL

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	1,334	769	0	1,334

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:

STAGED MULTI-WELL 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 DEADLINES.

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: 8/6/2010

Email: BEATRIC.SABALA@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2511554	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2511553	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5	3/4/2011 9:43:31 AM

Total: 1 comment(s)